

JAN 2 1926

Medical Lib.

The Journal

OF THE

Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

VOLUME XXV. No. 1
WHOLE NUMBER 281

GRAND RAPIDS, MICH., JANUARY, 1926

YEARLY SUBSCRIPTION
\$5.00: SINGLE COPY, 50c

CONTENTS

ORIGINAL ARTICLES

	Page		Page
Addresses Delivered at the Dedication Ceremony University Hospital, Ann Arbor, Nov. 19th, 1925.		The Treatment of Uterine Fibromyomata. H. W. Hewitt, M. D.	13
The Evolution of Clinical Teaching in the University of Michigan Medical School. Victor C. Vaughan, M. D.	1	Non-Operative Treatment of Cataract. Raymond J. Sisson, B. S., M. D.	17
Address on the Occasion of the Dedication of the New Hospital of the University of Michigan—Nov. 19, 1925. W. D. Thayer, M. D.	4	A Method of Radical Cure of Femoral Hernia. R. H. Crissey, M. D.	18
The Teaching Hospital of the University of Michigan. William J. Mayo	9	The Splenic Syndromes. William J. Mayo, M. D.	19
Report of a Case Showing an Unusual Type of Dextrocardia. J. T. Colvin, M. D.	12	Medical Policies. F. Dunbar Roberts, M. D.	24
		Public Health Activities	30
		EDITORIALS	
		A New Year	34

Office of Publication,
Powers Theatre Building,
Grand Rapids, Mich.

Entered as second-class matter March 12, 1913, at Grand Rapids, Mich., under the Act of March 3, 1879. Acceptance for special rate of postage made under Article 1103, October 3, 1917 and authorized August 7, 1918.



COLONIAL HALL—One of Eight Units in "cottage plan"

Maintaining the highest standards over a period of forty years, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

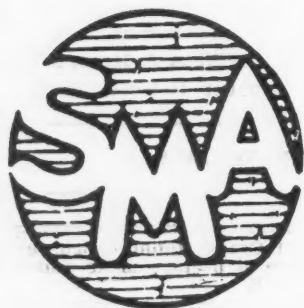
Resident Staff—ROCK SLEYSER, M. D., Medical Director; WILLIAM T. KRADWELL, M. D.; MERLE Q. HOWARD, M. D. Attending—H. DOUGLAS SINGER, M. D.; ARTHUR J. PATEK, M. D. Consulting—WILLIAM F. LORENZ, M. D.; RICHARD DEWEY, M. D. (Emeritus).

MILWAUKEE SANITARIUM, Wauwatosa, Wis.

FOR NERVOUS DISORDERS

(Chicago office—1823 Marshall Field Annex—Wednesdays 1-3 P. M.)

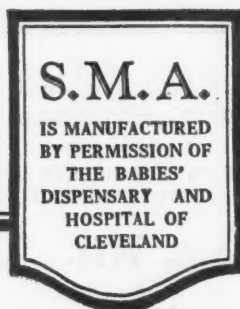
Why Prescribe It for Infants Deprived of Breast Milk?



Synthetic Milk Adapted
to Breast Milk

1. It gives excellent nutritional results in most cases. That is the experience of thousands of physicians.
2. No modification is necessary for normal, full term infants—it is possible to give it, in the same strength, to infants from birth to two years of age. Only the total quantity is increased, as the infant's caloric requirements increase.
3. It prevents rickets and spasmophilia—the S. M. A. fat contains an adequate amount of cod liver oil. In addition, the kind of food constituents and their correlation in S. M. A. also play a role in the prevention of rickets and spasmophilia.
4. It is easy for the physician to prescribe—no complicated formulae to remember.
5. It is simple for the mother to prepare—just add boiled water.

We believe that once you have tried S. M. A. you will fully appreciate these advantages. Write for literature and a liberal trial package.



THE LABORATORY PRODUCTS CO.
CLEVELAND, OHIO, U. S. A.

Fine Products for the Infant's Diet.



Cow's Milk, Water and MEAD'S DEXTRI-MALTOSE

has been successfully used for years in the feeding of infants deprived of their natural food.

It is the carbohydrate of choice because it can be assimilated by the infant in greater amounts than other sugars.

It requires the least amount of energy on the part of the infant to assimilate it.

It is less likely to cause diarrhea than other forms of carbohydrate.

It produces a quicker gain in weight than any other form of carbohydrate.

Where certified milk or milk of equal quality cannot be obtained, MEAD'S POWDERED WHOLE MILK reliquefied by the addition of 4 level tablespoonfuls or one ounce of the dry powder to 7 ounces of sterile water may be substituted for the liquid milk called for in the formula.

The Mead Johnson Policy

MEAD'S Infant Diet Materials are advertised only to physicians. No feeding directions accompany trade packages. Information in regard to feeding is supplied to the mother by written instructions from her doctor, who changes the feedings from time to time to meet the nutritional requirements of the growing infant. Literature furnished only to physicians.

MEAD JOHNSON & COMPANY

EVANSVILLE, INDIANA, U.S.A.

Manufacturers of Infant Diet Materials Exclusively



AN INVITATION TO PHYSICIANS

Physicians in good standing are cordially invited to visit the Battle Creek Sanitarium and Hospital at any time for observation and study, or for rest and treatment.

Special clinics for visiting physicians are conducted in connection with the Hospital, Dispensary and various Laboratories.

Physicians in good standing are always welcome as guests, and accommodations for those who desire to make a prolonged stay are furnished at a moderate rate. No charge is made to physicians for regular medical examination or treatment. Special rates for treatment and medical attention are also granted dependent members of the physician's family.

An illustrated booklet telling of the Origin, Purposes and Methods of the institution, a copy of the current "MEDICAL BULLETIN," and announcements of clinics, will be sent free upon request.

THE BATTLE CREEK SANITARIUM

BATTLE CREEK

Room 321

MICHIGAN

OCONOMOWOC HEALTH RESORT

Oconomowoc
Wisconsin

Built and Equipped in 1907
for the Specific
Purpose of
Treating
NERVOUS and
MILD MENTAL
DISEASES.



On Main Line
Chicago,
Milwaukee &
St. Paul Ry.
30 miles west of
Milwaukee.
Concrete highway
from Chicago.

Building absolutely *Fireproof*. Non-institutional in appearance. Accommodations modern and home-like atmosphere prevails. Sixty acres of park with beautiful views over lakes. Every essential for treating nervous cases provided for including extensive baths and separate occupational departments under supervision of trained teachers. Number of patients limited assuring personal attention from the staff. For further information address Superintendent.

ARTHUR W. ROGERS, M. D., *Physician in Charge*

Jas. C. Hassall, M. D., Med. Supt.

Fred C. Gessner, M. D., Assistant Physician

The Journal

OF THE

Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. XXV.

GRAND RAPIDS, MICH., JANUARY, 1926

No. 1.

Original Articles

Addresses Delivered at the Dedication Ceremony University Hospital, Ann Arbor, Nov. 19th, 1925

EDITOR'S NOTE: *We are privileged to publish and so impart to our members the following addresses delivered by invited guests at the dedication of the University Hospital. In our February issue we will publish the addresses delivered on the second evening of the ceremonies. The occasion was an epoch-making one for the University and the medical men of Michigan. As such it is fitting that this permanent record be made in our archives.*

THE EVOLUTION OF CLINICAL TEACHING IN THE UNIVERSITY OF MICHIGAN MED- ICAL SCHOOL

VICTOR C. VAUGHAN, M. D.,
DETROIT, MICHIGAN

There were at least three men on the original Board of Regents which organized the work of the University in 1837 who were fully competent for the task imposed upon them. These were Governor Stevens Mason, Henry Schoolcraft and Zina Pitcher. It is to be assumed that Governor Mason, who came from Virginia, was fully conversant with the plans which Thomas Jefferson had developed for the organization of the University of Virginia. Henry Schoolcraft was better acquainted with the flora and fauna of the Lake region than any other man of his time. In this work Zina Pitcher was Schoolcraft's assistant and right hand man. That science was appreciated by these men is shown by the fact that the first appointments made by the Board were Asa Gray, the great botanist, and Douglas Houghton, then in charge of the geology of this region. It is true that neither Gray nor Houghton ever gave instruction in the University, but Gray, with an appropriation of \$10,000 from the Board of Regents, was sent to Europe to collect scientific books and specimens in European botany, while Houghton made collections of geological specimens and minerals for the museum. When Gray resigned in 1842 and Houghton died in 1844, Abram Sager and

Silas Douglas were appointed to fill their positions. Both of these men were fully competent to inaugurate the work planned by the Board of Regents.

With Sager and Douglas on the original faculty of the University, and Zina Pitcher the strongest man on the Board of Regents, it is not strange that the Medical School was the first professional department established. These men, however, were aided by an unexpected but very strong ally. One cold, snowy February day in the late forties, there arrived in Ann Arbor a young man who was to become a tower of strength to Sager and Douglas in their efforts to provide for a medical school. This newcomer, in my opinion, was inferior to both Sager and Douglas, certainly to the former, in both native and acquired ability in scientific work; but he had a strong personality and a genius for organization and constructive work. While a student in a medical school at Geneva, New York, he read about the organization of the University of Michigan and the provision that a medical department would sooner or later be attached to this institution. Immediately on receiving his medical diploma he started for Ann Arbor, carrying in his grip several dissecting cases, and among his grosser impedimenta a box of suspicious size and shape and unmarked content. On arriving in Ann Arbor he hung out his shingle, offering his surgical skill to the people, and more discreetly he let it be known to the University students that he was prepared to initiate any of them who might have the profession of medicine in view into the mysteries of the structure of the hu-

62
16-13-27

man body, in his back office after a certain afternoon hour. This stranger was soon recognized as a most desirable addition to the small group of intellectuals then constituting the faculty and student body of the University. There is no record of his surgical success as a private practitioner, but his class in anatomy was soon in a flourishing condition and numbered among its students such men as Edmund Andrews and Robert Kedzie.

This young man from New York was Moses Gunn, and was a most striking figure—one which would attract attention on the street, in an assembly, or at a social function. He was more than six feet tall, spare and muscular, with deep blue eyes, reddish hair and beard which he wore "à la Burnside." He was generally clothed in a Prince Albert coat, high hat, white vest and striped trousers. Pending from his neck was a long, slender, gold watch chain. His auburn hair hung about his neck in curls. In fact, if Moses Gunn could now appear on this platform, the universal question would be, "What old mountebank is that?"

No doubt urged by Sager and Douglas, with Gunn's outside help, the Board of Regents in 1847 appointed a committee with Dr. Pitcher, of the Board of Regents, as Chairman, whose duty it became to consider the expediency of organizing a medical department. In 1849, this committee made a favorable report, going into detail concerning needed buildings, the selection of a faculty entrance requirements, length and character of courses, and other details. Sager and Douglas were transferred from the literary faculty and Gunn was made Professor of Anatomy and Surgery. On the first Wednesday in October, 1850, the medical department was opened by an address by Dean Sager. Thus the school was begun, with nothing to occupy the time and energy of the students save lectures, quizzes and a short course in anatomy. In fact, this schedule constituted the curriculum of all medical schools in this country at that time. Fortunately, there were two men on the original faculty whose foresight and wisdom did not permit the school to remain in this primitive condition. They were Doctors Douglas and Gunn. The former founded and began laboratory instruction in chemistry before the opening of the medical school. I will have nothing further to do with the laboratory development of the school tonight. Suffice it to say that laboratory instruction grew by leaps and bounds, and soon it came to pass that the medical school of the University of Michigan was recognized throughout the country as giving the best laboratory instruction to medical students to be found anywhere in the land.

In 1854, there came to the school two great men—one was Corydon L. Ford, as Professor of Anatomy; and the other was Alonzo B.

Palmer, as Professor of materia medica, therapeutics and diseases of women and children. For 25 years the school was without a hospital. Indeed, there was nothing which, by any stretch of courtesy, could be called a hospital.

During the last century there were many great teachers of descriptive anatomy, and among these Ford's name stood near the top of the list. He never practiced medicine and was a full time teacher throughout his life. He knew anatomy, both human and comparative. He lived it and he taught it in a way that held the individual attention of every student. He not only taught the subject, but he awakened a love for it in his hearers. Among his former students I may mention such names as Lewis Pilcher, Frank Mall, William J. Mayo, Carl Huber. I sat under his spell and felt its fascination to such an extent that my thesis for the degree of Doctor of Philosophy was on an anatomical subject. Professors and students from other departments crowded the upper seats of his lecture room, and how many young men he attracted to medicine I cannot say.

The intellect and energy expended in the development of clinical facilities and teaching were largely supplied by Moses Gunn. He announced to the physicians of the state that the forenoons of Wednesday and Saturday would be devoted to consultations with them over their difficult cases. Emergency cases would be seen at any time. There would be no charge to either the doctors or their patients, so far as these consultations were conducted in the presence of students. In this way he directed the flow of the stream of sick and injured citizens of Michigan to Ann Arbor. Small, at first, this stream has grown until now (1925) it fills to overflowing the splendid University Hospital of many hundreds of beds. Indeed, it has been found necessary at times to check and regulate the incoming material. At first the number of patients brought to the consultations on Wednesday and Saturday mornings was small, but they were wisely and profitably used. The patients were often benefited, and in all instances received the best available opinion without cost. The physicians had their opinions and diagnoses confirmed or modified. The students profited by the instruction received. The doctors of the immediate vicinity did not bring their patients until the early morning of a clinic day. Those from greater distances lodged their patients in a hotel or in some boarding house. Almost without exception the physician accompanied his patient. In some instances, probably in most, the professor had seen and examined the patient before he was brought before the class. Not infrequently the professor devoted his hour, sometimes more than one, to "some of the cases we are to see Wednesday or Saturday." As a student I saw more than one surgical operation performed on a cadaver or

illustrated on a manikin or figured in detail on charts the day before I saw the operation on the patient. More frequently I saw these demonstrations the day after the operation. As a laboratory assistant in charge of physiological chemistry I frequently examined the urine, the blood, and later the stomach contents both before and after the patient's presentation to the class. I remember with what pride I demonstrated leukemic blood and urine to the class; how I found crystals of tyrosin and leucin in the urine in a case of cancer of the liver; how I showed the presence of urea in the perspiration of a man dying of kidney disease. When I came to Ann Arbor in the seventies, one of the professors' houses on the north side of the campus was known as "University Hospital." It was nothing more than a receiving home, in which patients brought in for the clinical examination could be kept before and after presentation to the class. On Wednesday and Saturday mornings students carried patients on stretchers across the campus to the medical building where the procedure I have already described was carried out.

As I have stated, Gunn and Palmer were the two men first engaged in building up clinical teaching in this school. Palmer's knowledge of medicine for that time was encyclopedic. Nor was his learning confined to medicine. He knew English literature, was devoted to Shakespeare, and graced the most intellectual society in both this country and in England. However, even surpassing his wisdom was his readiness to impart it. He delighted in talking to students, and no colleague had any difficulty in inducing him to fill an hour. From the beginning of his work as a teacher he was scientific as one could be at that time in methods of diagnosis. He drilled his students, ad nauseum, in the employment of instruments of precision; auscultation and percussion were not only his favorite hobbies, but in their use he showed great skill. He spent the greater part of two years in Europe in the preparation of his *Opus Magnum*—a two volume work on the Practice of Medicine. I say "the greater part of two years," for he had to return occasionally to give a few lectures. He would not hesitate to make two extra trips across the Atlantic when he felt that he had some information which he must impart to his students. His great work was published shortly before his death. Had it been presented fifteen years earlier it would have had wide circulation, but it came just when the new medicine was supplanting the old, and is now unknown and unused.

In the sixties there grew up in the school a young man who was to contribute largely to the development of the clinical teaching. This was the first professor of ophthalmology, George E. Frothingham. He was my preceptor and I cannot speak of him without love and

reverence. He began his lectures each year with a statement something like the following: "Gentlemen, I will be able to show you in the clinic throughout the year most of the diseases to which the eye is subject and many of the accidents and injuries to which it is exposed. Yes, I will show you many of these many times. I will operate before you twice a week, but you must know that you will not profit by my operations unless you know the anatomy and physiology of the organ thoroughly. I can only demonstrate fundamental principles; the world will be your clinic."

After sixteen years of Herculean effort Moses Gunn despaired of building up a large surgical clinic in Ann Arbor and resigned to accept the chair of Surgery in Rush Medical College, Chicago. He was followed by short time appointments, and among these we may find the names of William Warren Green and Theodore A. McGraw, both great surgeons. In 1872, Donald MacLean was called to the chair of Surgery. Like Gunn, he was a most fascinating man. I do not think any teacher in the University, within my time, at least, was so greatly admired by the students as was he. He captivated the hearts and won the admiration of all. He was the *beau ideal* of the young men on the benches—handsome, bold and dextrous—he conducted his clinic in a dramatic way. In speech he was somewhat hesitating, but this was not a defect. In him it was an asset, emphasizing essentials and blocking superficialities. He occupied the chair of Surgery for seventeen years, and like Gunn, he despaired of building up a great clinical school, and went to Detroit.

When Dr. MacLean resigned his position as Professor of Surgery in 1889, Dr. Charles B. de Nancrede was chosen to fill his position, and continued to render most devoted service to the University until his retirement in 1917, after which he was continued on the emeritus list until his death in 1921. I cannot over-estimate the service rendered to the University by this man. His presence was an inspiration; his diagnostic skill in both surgical and other conditions was unsurpassed; his devotion to patients has been seldom equalled; many a midnight hour, without regard to weather, found him in the hospital, skillfully, unremittingly, without thought of self, devoting all his energy to the care of his patients. On the list of the names of those who have contributed to the evolution of clinical teaching in the University of Michigan, that of Charles B. de Nancrede must have a most honorable place.

In speaking of the great and devoted surgeons in this school, I cannot omit the name of C. G. Darling, who at first as Dr. de Nancrede's assistant, and later as his immediate successor, honored his chief and himself in a splendid way. I am sure that I am not making

an over-statement when I say that the love and admiration for him awakened by Dr. Darling in his students and professional colleagues throughout the state did much to stimulate and strengthen the bond of mutual helpfulness between the school and the physicians of the state established by Moses Gunn in 1850.

From 1891 to 1908 George Dock served as Professor of the Practice of Medicine, and I am sure that in his capacity he had but few equals and no superiors. He lived in the laboratory and in the wards of the hospital. His original contributions to scientific medicine won recognition throughout the world. As a teacher he initiated his students in scientific investigations and demonstrated the value of research work in the treatment of disease. Dr. Dock was succeeded by Dr. Hewlett, who continued with us eight years.

The medical school was without a hospital for quite twenty-five years (1850-1875). It had a very inadequate wooden hospital on the campus for fifteen years (1875-1890). In 1889, the University received from the legislature an appropriation of \$100,000 for the first hospital on Catherine street. This was gradually enlarged by successive legislative appropriations and by a donation from the estate of the late Dean Palmer until it grew to a capacity of nearly 400 beds. In 1915, President Hutchins and I appeared before a legislative committee and asked for an appropriation of one million dollars for a new hospital. This was granted by three annual appropriations of \$350,000, thus showing the liberality of the state in providing the University Hospital. Our entrance into the war delayed the use of this appropriation. When I was discharged from the army in February, 1919, I appeared before the legislative committee, and without any argument the legislature appropriated \$2,000,000, including that previously appropriated for the hospital. Just how much has been added to complete the new hospital, I do not know. Now the University has one of the best equipped hospitals in the country. I wish to say that I have always found the legislature sympathetic with hospital needs. Indeed, no request for a university appropriation has been more popular than one asked for the hospital. The people of Michigan recognize the fact that the University Hospital is one of its most beneficent institutions. There is not a village or a community in the state which has not had opportunity to witness the good results secured at the hospital. In at least one instance while I was dean, I had to check the liberality of the state toward the Hospital. In 1913, when a large appropriation was asked by the Regents for a new library building, it was suggested to me by leading members in the legislature that it would please that body if the appropriation could be diverted from the library and pro-

vided for the Hospital. I said that, while we needed a new Hospital, the University needed a library, and the Hospital could wait two years. In fact, during my Deanship, I found it far easier to get an appropriation from the legislature than to secure permission to ask for it from the Board of Regents. While I congratulate the University upon the splendid Hospital whose opening you are now celebrating, I may be permitted, I hope, to express my desire that co-operating and auxiliary hospitals may be provided for in every county in the state, and that every legally qualified physician in the state may have opportunity to practice medicine and surgery under the conditions now demanded by modern science. However, it is my function tonight to review the past and not to attempt to predict the future. It will be understood that I have been speaking of only one phase of the medical school—that of the evolution of its clinical teaching. Of the medical school as a whole I hope to write more fully later. I am proud of my long connection with the school. I am proud of the service it has rendered the state in its Hospital; of its graduates who have made its name honorable in all parts of the world; of its productive scholarship and research which have widened the fields of knowledge. To have been a teacher in this school for 45 years and to have been its Dean for 30 years, I number among the greatest honors that have come to me. I congratulate those now in its control, and with faith in their wisdom, I look forward to greater accomplishments.

It is not my purpose to pronounce an eulogy on the Medical School. This I consider superfluous. If a stranger should ask for an exhibition of the fruits of the school, I would hand him a list of its faculties and former students and paraphrasing the motto of the state, I would say to him, "If you seek illustrious names in medical sciences, you will find in that list a goodly number."

Under the ancient banner of this school there are inscribed three words: Intelligence, Industry and Integrity. These are demanded of both teachers and students.

ADDRESS ON THE OCCASION OF THE
DEDICATION OF THE NEW HOS-
PITAL OF THE UNIVERSITY
OF MICHIGAN—NOVEM-
BER 19, 1925

W. S. THAYER, M. D.
BALTIMORE, MARYLAND

Let me thank you, ladies and gentlemen, for the opportunity which your officers have placed before me in inviting me to address this gathering. It is a privilege to take part in such

ceremonies at one of the first and greatest of those American universities which have shown that the people of a self-governing state will support an institution in no way second to those older private bodies in this and in other countries which have long prided themselves on offering to teacher and student freedom of thought, study and utterance; which have afforded them liberty to pursue truth for truth's sake.

The guiding principles of an university should be liberty and tolerance. The true university is a society of students and scholars, searchers for truth. Only such can be real teachers. The mechanical retailer of the assertions and convictions of others has no place in a university. He cannot be a teacher in the true sense of the word. He cannot be a successful teacher even in a secondary school. 'Tis one of the gravest defects of our secondary education in this rapidly growing country that with the wealth of opportunity open to all, there are sadly few students or scholars engaged in secondary teaching. Too many, the vast majority, are young people retailing information, teaching up to the limits of their knowledge, who have no thought of making their immediate occupation a career. Secondary teaching is but a passing incident in their lives, a means to acquire the wherewithal with which they may pass on to other opportunities which to them are more tempting.

What a difference it would make to our boys and girls were they, in the secondary schools, thrown into association with a real student and scholar, as is commoner in some of the older countries. Those individuals who have had the rare good fortune to fall under the quickening influence of a scholar in their early life, and those teachers who have had the opportunity to meet later with such men, know full well the enormous influence that the scholar in a secondary school may have on the character and the mind and life of his pupils—and indirectly on the future of the state.

A true university should seek primarily in all branches for those men and women who have shown themselves to be disinterested students and who seem to be especially qualified to profit by the advantages offered by its libraries, its laboratories, its unions, its opportunities for association with other superior men. To these men and women the university should offer its confidence, and then—freedom. And one more privilege it offers, the greatest of all privileges, that of association with those other students who are entering the field possessed of that blessed gift,

*"Kind Nature's richest dower,
Youth, the fair bud that holds life's opening flower,
Full of high hopes, no coward doubts enchain,
With all the future throbbing in its brain,
And mightiest instincts which the beating heart
Fills with the fire its burning waves impart."*

For association with the young is the greatest privilege of the teacher—the only vaccine against age and apathy. Only the student can be a real teacher; for only the student can inspire. And to secure the services of the student he must be offered opportunities for study. But there are students and students, and in all branches of learning, one meets now and then with quiet, modest individuals with minds of the delicacy of fine lace work who cannot work in the open, who cannot commune with the many, who need protection and seclusion. Teachers in the ordinary sense they are not. Yet the influence of some of these men is precious. Opportunity and protection and freedom for an occasional delicate vessel of this sort it is the privilege of a university sometimes to offer.

Freedom from the cares of the world, liberty to pursue the search for truth in his own way, liberty of thought, liberty of utterance, these are perhaps the greatest gifts that a university can offer to its members and to its pupils.

The other guiding principle of the university should be tolerance; tolerance without which the word freedom is but mockery. Intolerance is the child of fear and fear is the son of doubt and incomprehension. The university should offer to its staff liberty to search for truth; truth can never be dangerous.

"But," say those in the terror of incomprehension and ignorance, "there are directions in which you may not search, for by that very search you deny the truth which is ours and is more precious than all else, our faith."

But the searcher for truth attacks no faith. He seeks for truth alone and he has faith that truth, once revealed, will prevail. But truth is often very hard to find. To him who possesses or feels that he possesses truth, how can there be such words as doubt or fear? To doubt that truth will prevail is to doubt one's faith. The searcher for truth may doubt the faith of another, but he denies no man's faith. A poor and unworthy searcher for truth is he who attacks the faith of his neighbor, who lacks respect for the sincere belief of any man. Of this he is sure that one revealed truth will prevail; that truth needs no defense; that if, perchance, that which to his human vision has seemed to be a truth shall fade in the light of a new day, there yet remains hidden a greater, larger, purer truth for which, with a wider horizon, his mind is open. (Cf. Maeterlinck. *Le temple enseveli*). And if his neighbor blaspheme that which seems to him the higher truth, how shall that concern him? For has he not faith that he who blasphemes truth, but lays bare his own littleness in the purer light which must, one day, burst even upon his blindness?

He who fears that the searcher for truth may

destroy his faith, he who, possessing high ideals, fancies that this faith and these ideals may give way to anything that is not higher and broader and larger, thereby doubts and insults his faith. He who would seek to defend and protect those ideals by circumscribing the mental activities of his fellows not only insults his own faith, but stands forth as a cruel enemy to truth and progress and humanity. This is intolerance, a hateful beast of sordid ancestry.

The true university is the protagonist of liberty and tolerance, and opens the way in its sphere to the search for truth. It attacks no faith. Fear it knows not, secure in the faith that new truths can lead us only into a higher and broader life. To the eager youth who seek to penetrate further and further into the great mysteries of life and death it says in the words of the wise old teacher and poet:

*"Take from the past the best its toil has won,
But learn betimes its slavish ruts to shun.
Pass the old tree whose withered leaves are shed,
Quit the old paths that error loved to tread
And a new wreath of living blossoms seek,
A narrower pathway up a loftier peak;
Lose not your reverence, but unmanly fear
Leave far behind you, all who enter here!"*

Truth needs no defense. Freedom, alas, may. And the true university, through its tolerance toward all who are sincere, should be the sword and the buckler of that liberty of thought and speech through which alone new truths will be revealed.

* * * *

The opportunities and associations of university life you are now offering to the teacher and student of medicine and surgery and 'tis well that it should be so. Instruction in the art of medicine, to but relatively a few years ago, while often carried on under the wing of the university, was left largely to active practitioners of the art with few opportunities and little time to give to the study of its scientific aspects. But within the last century, and especially the last fifty or sixty years, the scientific basis of medicine has been greatly strengthened. For many years the fundamental sciences called into service in the study of medicine have been subjects for university study and investigation. Now at last we are coming to realize that even in the practical branches of the art the university must offer to a selected kernel of its staff the same protection, the same financial support, the same opportunities for research and study that it has long offered to the student in other branches of science and the liberal arts. As to the student of the classics you offer your libraries, as to the botanist you give gardens and laboratories, so here you are offering to the clinical instructors in your departments of medicine and surgery this great hospital in which they may study and practice their art. At the same time you are giving to a selected group of men who desire to give their lives to study

and university work that financial support which may set them free from many of the burdens and cares of self-support and place them on an university plane with the student of the humanities and natural sciences. It is a great step forwards, advantageous alike to the profession and to the community.

The practice of medicine has changed amazingly even in a period so short as that of one lifetime. Forty years ago, on my graduation from college, the time demanded for the examination of a patient by the best equipped consultant was but short; the methods of examination employed were such that they could for the most part be carried on in the consulting room by the examiner himself. The few additional special studies that had to be made were easily fulfilled. But what is the situation now? The patient who is suffering from some obscure complaint, trivial or serious, it is immaterial, tells his story to the physician. The examination may uncover few definite revealing signs. The physician is in doubt; there are many possibilities. What shall he do? What would be the ideal thing to do? The ideal thing to do would be to make a thorough routine examination of the patient just as one makes his own physical examination in the consulting room, a systematic study, anatomical and functional, from head to foot. This would mean observation in a hospital, the consultation of a considerable number of special students, and would involve many complicated and expensive physical and chemical investigations of special organs, of body fluids, excretions and secretions. That which one might do in the attempt to make a complete study in any given case is almost unlimited. Where shall one begin? Where shall one stop? Many studies which are desirable in a complete survey are impossible for the general practitioner to carry out. Indeed, they may be wholly out of his reach. With the physician lies the responsibility of determining what examinations are necessary, what desirable, what superfluous. In him the patient places his faith; he must consider all the aspects of the situation; he must know how best to utilize the diagnostic machinery, simple or elaborate, which may be employed; he must consider the measures at his disposal, the means of his patient. The student must learn the significance and the relative importance of different diagnostic procedures, for upon him falls the responsibility of deciding that which is necessary.

It is important for the public that there should be centers in which such studies may be made under proper supervision. A university clinic like this should afford every opportunity to the teacher and student to pursue these studies. To the students it should afford the necessary opportunities to acquire certain fundamental conceptions as to the nature of dis-

ease and the principles of therapeutics that can be satisfactorily made only where adequate scientific apparatus is at hand, as well as the required knowledge of the significance and relative importance of a great variety of diagnostic procedures. Many of these he may be unable to employ himself, but occasionally, or more often, he will be obliged to make use of them for the benefit of his patients. For the public, medical and general, it is desirable that there should be centers to which the practitioner may bring his patient for those special investigations and studies which are impossible other than in an institution with elaborate scientific equipment in the hands of highly trained and disinterested students.

It is needless to point out what an opportunity is offered in this connection to the unscrupulous and the venal. There are today many so-called laboratories and clinics more or less commercial institutions, in which examinations are made by men who are far from competent. An examination, even if well made, the results of which are improperly interpreted, is worse than useless. Too often the doctor or patient is confused or deceived, the patient perhaps suffers, the public is bled. It is not easy for the practitioner who has not had a good basic training to appreciate the significance and the relative value of new and perhaps valuable diagnostic procedures. Commercial laboratories conducted by men of shallow general training are not a public safeguard; they are a liability.

That the well equipped school of medicine should have in its medical and surgical departments a group of men who are well-salaried and afforded wide clinical and laboratory advantages is, I think, becoming very generally recognized. These men are in a true sense university professors. Such a group of men is as valuable to the hospital as it is to the university. This truth is becoming more and more apparent to the intelligent public. An interesting example is the action a few years ago by the enlightened governors of a public institution which has for many years been conducted with unusual credit. The trustees of the Boston City Hospital, having observed the value of university divisions in various private hospitals, deliberately, voluntarily and of their own initiative, established that model university division which is now presided over by Professor Francis W. Peabody. By so doing they have established in the hospital a scientific center of equal value to university, to city, to the hospital and its visiting staff and to the general public.

Such a division and such an association are invaluable to any large general hospital. But it should not be forgotten that there is another element without which no hospital and no department of medicine is complete and that is a

co-ordinate staff of expert clinical surgeons and physicians. The professor of medicine, the director of an university division of medicine or surgery may, and I think should, be an experienced clinician or surgeon. But he can become so only through long experience in general or consulting practice of his art in all branches of society. Such experience may be offered by hospital in its public and private wards; but the experience is indispensable.

It takes many men to make a department of medicine or surgery—the adept in special branches as well as the experienced or skilled general surgeon or clinician.

What sort of man should be the director of an university department of medicine or surgery? As I have often said in public and in private, there is no absolutely set type for a director of an university clinic; the essential thing is that he should be a learned physician or surgeon with a good scientific foundation and scholarly tastes, who is a good organizer and whose heart is in his work. He should, in my opinion, always be a man who has had a considerable and well digested clinical experience. It is conceivable that such a man may have special interests, neurological, bacteriological, chemical, but if he is the right sort of man he will see that his clinic is complete. Ten years ago, discussing the objections that had been raised by some to the establishment even of a nucleus of university professors in the clinical branches, I said:

“So far as the student goes, the danger that under the direction of a salaried professor, he may be given a training more purely academic and insufficiently practical seems to me small. In the first place, it has already been pointed out that the professor of medicine will doubtless be a man who has had a considerable clinical experience with patients in all classes of life, whose training has been by no means purely academic, and although some of his associates will perhaps be men who have not yet acquired the ripened experience which should be that of the head of a department, yet no one for a moment fancies that *all* the instruction in medicine and surgery will be given by the nucleus of teachers wholly dependent on their salaries. In every large clinic, and in every large hospital affiliated with a university, a considerable part of the instruction in general medicine and surgery, as well as in specialties, must be entrusted to men with or without salaries, who are more or less actively engaged in practice. The fancy that because the director of such a clinic and many of his assistants are no longer at the beck and call of the public, the student is to be regarded as deprived of the opportunities offered by association with men who have been or are engaged in active practice, is a misconception.” This seems to me as true

today as yesterday. But there is a danger which may be mentioned.

There is a tendency to offer chairs of medicine and surgery to young men of special promise who, after two or three years of internship, have given the great majority of their time to the study of special problems which have held them aloof from active clinical work. These men may make admirable professors of medicine in the sense that they may have a thorough and sound conception of what a department of medicine should be; but at the time when they enter on their duties, such men are not—and cannot have become—trained or experienced clinicians. The responsibilities of the chair of medicine in a great university are heavy and I fear that for some of these men the professorship may bar the way to the acquisition of that experience necessary to make them finished diagnosticians or clinicians. To become a well equipped diagnostician or clinician requires an amount of time spent at the bedside and in conference with patients that these men have not been able to give previously and are scarcely likely to be able to give in the future. Such men may be great administrators, profound students of a special branch, learned medical men, but, I am afraid, rarely great clinicians. In a properly organized clinic, it may be answered, these men will so select their staff that students and patients are offered association with the experienced clinician or surgeon. This may be, but, on the whole it is, I think, unfortunate, especially for the professor himself, that he should be obliged to assume the duties of director of a large clinic at a time when he is not wholly at home at the bedside. I cannot help feeling that the situation of some men who, too early in their careers, are tempted to accept a professorship, may be rather tragic.

An associate professorship in an university division should offer priceless opportunities for the acquisition of competence in any branch of surgery or medicine. These foundations bring to the clinic men of special talent and training in special lines. But if a man desires to become a clinician or an operating surgeon, he cannot at the same moment give the main part of his time to teaching and to the investigation of special problems which confine him to the laboratory and classroom. He must of choice and deliberation give years of his life to the intensive study of clinical problems. This opportunity the university should offer him, profiting the while by his special talents which are occupied in teaching and in research in the field of his special competence. But he should be protected from all unnecessary teaching while he devotes a large part of his time to the acquisition of clinical experience among patients in all classes of life. There is abundant room in the university school of medicine for the clinician and the student of special problems

side by side. No clinician who is worth anything can fail to be pursued by the desire for research, but he must have daily and engrossing clinical duties if he is to be a clinician. The student of a special problem should not be required at the outset to teach subjects with which he is not wholly familiar. At the beginning of his career he must, for a number of years, give a large part of his time to clinical duties before he acquires that competence necessary for the general clinical teacher. He should be protected during those years in which he is not only pursuing his special duties, but is also acquiring this necessary clinical experience, and during this period he should not be expected to bear the burdens of general clinical teaching. His most valuable contributions are for the time being in his special line.

A school with a purely university staff would be incomplete. It could not do its full duty to patient or student or staff. The patients would be deprived of the diagnostic and practical skill of men of larger experience and the student of instruction by such men. On the other hand, the burden of duties as instructors in an art in which they are not altogether at home would take the valuable time of specially trained men who should be protected in their investigations and offered opportunities, if they desire them, for the acquisition of that general clinical experience, highly desirable, if not necessary for the director of a department. Too many duties in the way of general clinical teaching should not be forced upon these men too early in their career. The desirability of association with an experienced clinical staff should be generally appreciated. The university and the clinical staffs should be inter-dependent.

* * * *

The problems of teaching of medicine and surgery are engaging. You in Michigan have had among you some of the most distinguished students in this country. I need not name them. Many are here today. One whom I have especially loved and honored has already spoken. The presence of these men has made Michigan one of the great schools. The efforts which the state and the faculty have made and are making will make it greater. You have had your critics. What an uninteresting school you would have had if you had not! But you have looked forward, and following the wise maxim of *Candide*, you have cultivated your garden.

And while we are working in our garden striving for better things, full of enthusiasm and hope, rejoicing at times, perhaps, in what we have accomplished, along comes our old friend with resigned air or cynical smile, and says: "Foolish man, you talk of your garden and even of the world as if 'twere a garden or a world of flowers. Wake up! Look about

you! Is this a world of flowers? Is it not rather a world of weeds? And your very garden, be it university or profession, what is the commonest thing in your garden, the flower or the weed? Is not your very garden in truth a garden of weeds?" And almost lovingly he directs our eye to the familiar, amusing or dreary or sordid and tragic picture of our omnipresent neighbor, the weed.

Ah, entertaining whisperer of half-truths, how familiar is your picture! How well we know the back-yards and the ash heaps and the tin cans and the waste iron and the neglected field. How well we realize that the bright flowers that illumine the roadside or the meadow are but spots, islands amidst the riot of stubble and weeds among which they rise. And in the world of which we are members, are we not but too familiar with the infrequency with which the human flower raises its head above the drab and dreary monotony of weeds?

But why dwell upon the weed? Is it not the flower that counts? What is it that fixes and freshens the eye of the traveler on the road of life, the dusty weed or the gleam of the flower? Are the labors of the botanist and the gardener in vain—the gardener who prepares the ground for the growth of the flower; the botanist whose transformation may bring a halo even to the lowly weed?

There are, 'tis true, some earnest and serious but rather ponderous brethren who fancy that they may sharpen the enthusiasm of the gardener and the botanist by dwelling on the unloveliness and the omnipresence of the weed. And then there are those, usually rather young, who take a sort of perverse joy in pessimistic visions of the futility of life and in the contemplation of the unlovelier characteristics of the weed, a shallow and sophomoric epicureanism. But why waste one's time in exaggerating or gloating on the unloveliness of the weed? Even the weed has its hour of charm. There is a moment at which even the weed flowers.

And then is it not the weed with its modest blossom that time, the mind of the botanist and the hand of the gardener have transformed into the perfect flower? What if the botanist and the gardener in the beginning had been content with pessimistic or cynical contemplation of the unloveliness of the weed? Consider the world of the middle ages and the renaissance. What remains today? Is it the picture of the sordid ignorance and vice and eternal discord of the population? Or is it rather the lofty naves and domes and graceful spires, the glittering jewels of Chartres, the tombs of the Medici, the harmonies of the painter's art? The weeds are long forgotten; the flowers remain, more radiant and more lovely in the tender light of receding years. It is the flower that counts. Is it not our function to feed and

nourish and transform the modest and transient blossom of the weed into the more perfect flower? And if our neighbor choose to devote himself to the contemplation of weeds, and close his eyes to the flowers; if he choose to dwell upon the unloveliness of the weed rather than upon *its* flower; if he be blind to the circumstance that in its modest and blundering way even the weed is seeking for beauty, let us not be annoyed. So, somehow or other, in a devious way, is our perverse friend. It is the flower that counts. "*Cultivons notre jardin.*"

THE TEACHING HOSPITAL OF THE UNIVERSITY OF MICHIGAN*

WILLIAM J. MAYO,

ROCHESTER, MINNESOTA

Nearly fifty years ago Pasteur demonstrated to a skeptical world the relation of micro-organisms to disease, and pointed the way to the experimentation which has led to a fuller realization of the relations of micro-organisms to human life. Pasteur had that divine discontent which leads to progress.

As the result of the researches of Pasteur and the experimental and clinical work of Lister, successful surgical work for the first time became possible in hospitals. In all previous times the sick went to a hospital for treatment of surgical conditions only when they had no other place to go, and hospitals were justly looked on as necessary, but perilous refuges for the sick poor. Hospital gangrene and infections were so rife that practically all surgical patients in hospital wards were infected and many died, and therefore patients were operated on only when absolutely necessary to *save* life. As dangerous hospital conditions were overcome by the progressive development of asepsis and antisepsis, the surgery of expediency developed. Operations were now performed to relieve patients of lesions that caused disability, but which did not directly threaten life, and in the earlier curable stages of disease, to prevent the development of the disastrous late stages in which surgery was attended by a high mortality and a small percentage of cures.

The modern hospital has rendered a service steadily increasing in scope until today it is established as one of the most beneficent of institutions.

Considering the pre-antiseptic background of the hospital, it is not strange that members of the medical profession and especially the laity were slow to recognize the changing character of this institution. Hospitals of the United States originally were based on the caste system of Great Britain, where the anomaly exists of giving only to the dregs of humanity

the opportunity of fine hospital service. Everywhere in Great Britain there are beautifully appointed hospitals for charity patients, but there are non-comparable for the middle and upper classes.

Caring for the health of the people is the first obligation of any government. The public need is not an excuse, but a reason, for public health institutions. It is only fair that if an individual, whether he be poor, in moderate circumstances, or rich, can best be cared for in the public hospital, he should have this advantage, not only in his interest, but also in the interest of public welfare. In other words, the charity patient should have as good, but no better care than the taxpayer. If the taxpayer of moderate means enters the hospital and is properly cared for, a long sickness, or death may be averted, and not only is the family saved hardship, but the taxpayers of the community are saved the burden of supporting it. Unnecessary sickness, whether treated at public, or at private expense, means a reduction in the number of taxpayers, because reduced efficiency renders one unable to carry his fair share of collective responsibility.

The hospital should be a refuge to which the sick might go for relief as they went before our Savior, their distress the only condition of admittance, not their social or financial status, race, or creed.

The public hospital of the future will be as directly concerned in the social and economic status of its clientele as is the private hospital, and its largest return for money expended will be in the reduction of the number of persons requiring institutional care. Public hospitals have too largely existed for the derelicts.

The whole force of modern medicine should be applied to detect disease in the early stages and prevent the disastrous consequences which lead to permanent disabilities or death. We should apply to the individual the same principles of prevention which have made such magnificent returns in public health work. The ills of today must not cloud the horizon of tomorrow.

In one department of education, in the medical schools, the British system, viewed from the standpoint of care of the sick, gives, I believe, better results than the system in the United States. The graduates of the British medical schools, while perhaps not so scientific, are among the best doctors in the world. Most British medical schools are connected directly with hospitals. Always is the purpose of the teaching made clear, and the student from first to last never loses sight of the patient. Examinations in the British medical schools are given to test the quality of the students' knowledge, in the American medical schools to test the quantity. Medical schools

in the United States are, generally speaking, not directly connected with hospitals; consequently there is a tendency to under-value the clinical side of medicine, and the student's curriculum is often crowded with cultural and scientific subjects not always closely related to the care of the sick.

The problem of medical education is a many-sided one. It is very encouraging to those who believe in a democratic form of government to see a difficult situation handled in so enlightened a manner as that evidenced in the establishment of the University of Michigan Hospital. Not only the State of Michigan, but also the nation is to be congratulated on the fine understanding and humanitarianism manifested in the creation of the hospital which we are here to inaugurate. In the opening of this great hospital, however, there is an even deeper significance. Its purpose is threefold: To give the citizens of the state, especially those living in the sparsely settled districts where the death rate is now higher than in the worst districts of the cities, the benefits of modern medicine; to pass good health around; to train medical students how to treat its sick citizens, and to advance research into the causes and prevention of sickness, by furnishing opportunity for medical graduates to continue their studies.

It has been argued against the University Hospital that it competes unfairly with doctors and hospitals outside the university circle. The members of the medical profession as a whole are altruistic. They have always given freely of their time and knowledge to the poor without expectation of reward. What other profession has given so freely, without regard to race, creed, or color? Tradition dies hard, however, and the physician is still expected to care for any and all patients in the public hospital free of charge, a practice unjust to the physician and to the taxpayer, for no matter how obscure the mechanism which brings it about, the public pays if the individual does not. There is no reason why persons who are able to pay for their medical treatment should not pay in a university hospital as in any other type of hospital. It is a hopeful sign of the times that many of the more progressive community hospitals are admitting all classes of patients, those who can pay for their hospital care and for the services of their physicians, as well as those who are unable to pay. As to competition with other hospitals, the argument has no real force, since each patient, rich or poor, in the university hospital, is used for teaching purposes, thus contributing to medical education so far as his condition permits, and, if he is able, he pays for his hospital care and a fair fee to his physician. This provision of the university hospital certainly affords a reasonable protection to the members of the medical profession and hospitals not so handi-

capped, and it is most gratifying to find so many broad-minded patients willing to have their ailments used for teaching purposes that others may be benefited thereby.

The long period of study necessarily required of the medical student, in the premedical and medical courses, is to teach him to recognize disease. None of the cults or "pathies" requires training for diagnosis or affords those contacts with the sick which are absolutely essential to proper diagnosis and treatment. The cultist says, "I am not interested in diagnoses, anatomy and physiology, I have a remedy or method of treatment which cures, no matter what the trouble is;" or, "All sickness attacks only the spine and is to be knocked out by readjustment of dislocated vertebrae;" or, "There is no such thing as sickness."

Happiness is a state of mind, not necessarily a state of body. Many persons are happy under the most discouraging circumstances. Less fortunately, certain sick persons, because of their contented dispositions, suffer uncomplainingly until their physical ills become incurable. There is another great and constantly increasing group of unhappy sufferers whose trouble is incident to the stress of modern social life, unconnected with tangible physical ailments. These patients are wretched, they believe their trouble is due to a malady, and they want relief. They demand treatment, not diagnosis. These sufferers, for they do suffer, can be reached only through the emotions, and thus they have become profitable material for the workers in "pathies" and the cults who often relieve states of mind that do not depend on states of body.

In the back of the minds of many persons is the question, "Is it in the best interest of the patient to go to a hospital, one of whose functions is to teach medical students?" I can answer most emphatically, "It is." Publicity is the backbone of our social system. Pitiless publicity, one might say, is almost the only weapon of the American people. The publicity which attends on instruction in medicine in the university hospital makes certain that a high level of service will be rendered the patient. Stimulated by the inquiring minds of his medical students, the teacher recalls his experience and applies it to his class bedside teaching. Great accomplishment in medical science has come from this association of men old in medical practice with those young in experience. The unhappy experiences of those long in practice too often crowd out the more pleasant ones; we remember our mistakes years after we have forgotten our triumphs, and the caution which age and experience bring is often gained at the expense of advancement. The imponderable contact of mind with mind, the energy and sincerity of purpose with which the treatment agreed on for the patient is carried

out and the effects watched by the young man in medicine is of the utmost importance.

Youth is always insurgent. "He who does not go beyond the facts will seldom get as far as the facts." Young men entering enthusiastically on their professional life, approaching scientific problems with the eagerness of youth, unhampered by embittering experiences, under proper control, carry on researches of the most extraordinary value to the present and future of medicine.

A hospital which functions not only as a school for undergraduates in medicine, but also as a school for graduates, giving advanced scientific training, will enlist the best efforts of the highest type of recent graduates in medicine, and automatically give to its clientele the great advantage of a young, intelligent and enthusiastic junior staff, who will consider the opportunity for service and for scientific observation a privilege. When their hospital service is ended, these young men will make the greatest return in caring for the sick of their respective communities, one of the rewards the citizens of the state receive for their educational efforts. The university hospital will appeal not only to the men in medicine, and improve the quality of hospital service, but it will also enlist from every walk of life the services of humanitarians interested in guarding human welfare.

The function of the university concerns the tomorrows, the function of the government the yesterdays and today's. The university, through its organized intelligence, controls the future. Speaking as one who, for nearly twenty years has been a regent of a state university, I have found most inspiring the growth of a keen interest on the part of university men in all matters which have to do with future betterment.

Only as we estimate a government as composed of willing, but generally uninformed individuals, do we recognize that their legislative duties must pertain to functions which are more or less generally understood. The universities train the men of vision, who step in where government halts, and open the way for the government to follow.

Michigan has a population of nearly four million. The greatest asset the state could have, both for the present and for the future, would be a great medical center built around the splendid medical department of its state university. Medical education would be greatly advanced, not only for the undergraduate, but also for those who have been graduated in medicine and who devote to research the early period following graduation. The community would be enormously benefited by such application of these years of unselfish labor in the hospitals, in the return it would later receive in men highly trained along special lines.

Researches with the microscope have length-

ened the lifetime of man, since Pasteur's epochal discoveries from forty-three to fifty-eight years, largely because mass diseases of the first half of life have been eliminated by pure water, pure food, and the development of immunity to contagious and infectious disease. The twilight zone of the ultramicroscopic field, by making possible biochemical studies of the individual, for the early discovery or prevention of conditions which lead to the premature deaths of middle age, gives promise in the near future of adding more than twelve years to fulfill the promise of the Holy Writ that the age of man shall be three score and ten.

REPORT OF A CASE SHOWING AN UNUSUAL TYPE OF DEXTROCARDIA

L. T. COLVIN, M. B.

(From the Cardio-Respiratory Division, Henry Ford Hospital).

DETROIT, MICH.

I report the following case by the courtesy of Dr. F. J. Smith.

The first description of dextrocardia was that of Severinus of Rome in 1643. By 1749,

the division into congenital and acquired had been made. The first cases were all autopsy discoveries, but the stethoscope and the X-ray have increased the number of diagnosed cases very much.

The condition of right-sided heart has been well classified as follows:

Inversions—in which the heart is on the right side and is the mirror image of a normal left-sided heart, the apex, therefore, still formed by the arterial ventricle. (Fig. 1). This class is divided into:



FIG. 1.

Diagram of the two types of congenital right sided heart.

(a) Situs inversus viscerum—transposition of all the viscera of chest and abdomen, even to the adrenals. This is by far the most common of dextrocardias.

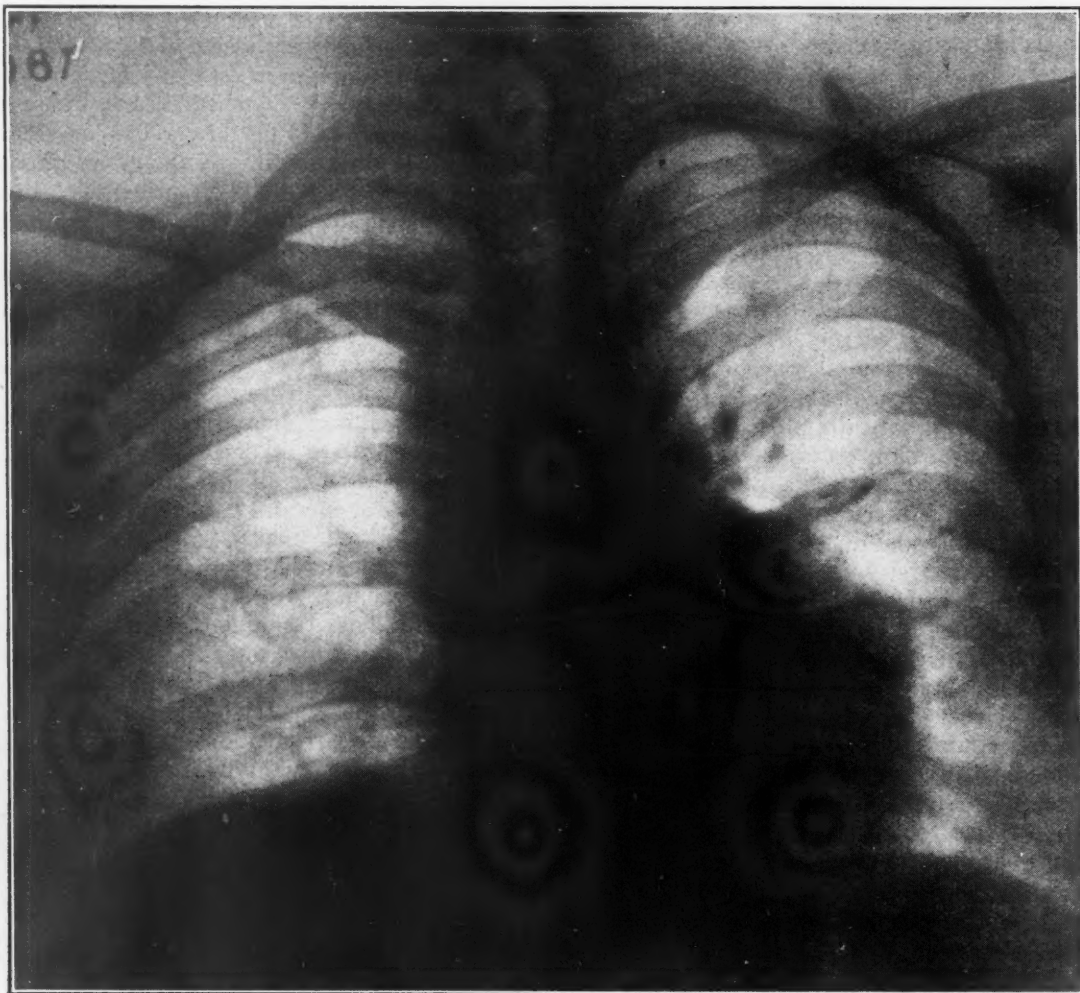


FIG. II.
Chest plate of case of Dextro-versio-cordis.

(b) Incomplete heterotaxy—in which there may be transposition of the viscera, with the heart on the left side, or heart and lungs only transposed, or heart alone on the right side. These three are all very rare, indeed.

Dextroversio cordis—in which the heart has apparently, during development, undergone a twist so that the left cavities become anterior and to the right and the venous ventricle forms the apex (Fig. 1). This condition is very often associated with malformation of the heart.

These two divisions form the congenital right sided hearts.

Acquired dextrocardia—or false, in which due to lung pathology, eventration of the diaphragm, etc., the heart is either pulled to the right by adhesions, or pushed by fluid, or accompanies a laterally displaced mediastinum. The cardiac axis is, of course, unchanged, the apex pointing to the left.

The present case was that of F. S., an obese woman of twenty-eight years, complaining of pain over the left front chest and nervousness, over a period of six months. The early history was of no moment.

The examination showed no abnormalities of importance other than the following: The apex beat was seen 10 cm. to the right in the fifth interspace. The left border was $3\frac{3}{4}$ cm. to the left in the second interspace, $4\frac{1}{2}$ cm. in the third and fourth interspaces. The right border was 9 cm. to the right in the third interspace, 11 cm. in the fourth and $12\frac{1}{2}$ cm. in the fifth. The cardiac rate was 80, the rhythm was regular. P2 was slightly accentuated and there was a soft systolic blow at the apex, audible also in the axilla. The arteries were soft. The blood pressure was 125/75. The liver dullness was on the right side with tympany over the left hypochondrium. Fluoroscopy and chest plates (Fig. 2) showed the lung fields entirely clear, the left diaphragm higher than the right, both sides free moving, the heart on the right side, with a rounded apex and transverse type of heart. The transverse diameter by fluoroscopic tracing was 14.3 cm. Barium given to the patient showed the stomach to be on the left side.

Fig. 3 is the electrocardiogram of this case, a nor-

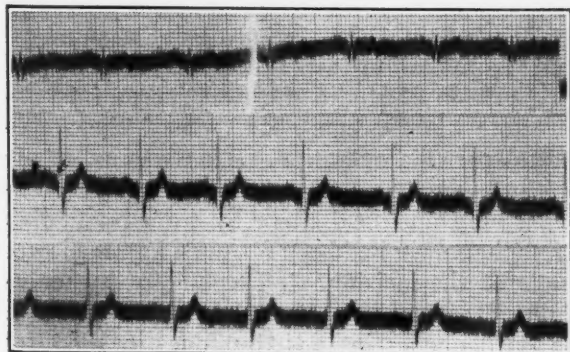


FIG. III.

Electro-Cardiogram of case of Dextro-versio-cordis.

mal curve with small complexes in lead I. Compare that with Fig. 4, the curve, that of a case of situs inversus seen not long ago—all waves of lead I are inverted and leads II and III are interchanged.

This is the curve in the ordinary case of dextrocardia.

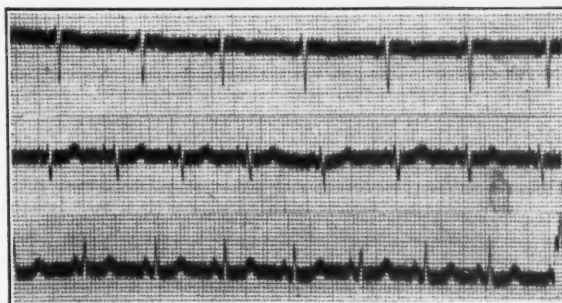


FIG. IV.

Electro-Cardiogram of case of Situs inversus viscerum.

In summary: The true inversions cause a change in the electrocardiogram as if the arm leads were interchanged, i. e., an inversion of all waves in lead I, and leads II and III interchanged. The dextroversions affect the electrocardiogram only by the change in cardiac axis varying the height of the waves. The characteristic electrocardiogram of the transpositions is due, therefore, not to the position of the heart, but to the relative positions of the intracardiac cavities.

Our case was thus one of dextro versio cordis, one of about sixty reported.

BIBLIOGRAPHY

1. H. Wallace Jones: Types of Dextrocardia, B. M. J., 1924, I, 147.
2. L. T. LeWald: Complete Transposition of the Viscera, J. A. M. A., 1925, LXXXIV, 262.
3. W. Neumann: Ueber Dextroversio cordis und Ihren Einflutz auf das Elektrokardiogramm, Med. Wehn, Schr. 1912, XXXVIII, 1920.
4. Basil Parsons-Smith: Dextrocardia Complete and Incomplete, Lancet, 1919, Dec., — 1076.
5. Maude E. Abbott: Congenital Heart Disease, Modern Medicine, Osler and McCrae, IV, 347.
6. Leonard Abrahamson: Four Cases of Congenital Dextrocardia, Quart. Journ. of Med., 1925, XVIII, 335.
7. H. Vaquez & Donzelot: Dextrocardia and Dextroversion, La Presse Med., 1920, XXVIII, 41.

THE TREATMENT OF UTERINE FIBROMYOMATA*

H. W. HEWITT, M. D.
DETROIT, MICHIGAN.

In order to bring out some of the indications for treatment, I wish first of all to review briefly the history and pathology of these tumors. Uterine fibroids are slow growing neoplasms, seldom diagnosed before the age of 25, but encountered with increasing frequency up to the age of 55. These tumors may be single or multiple, may vary in size from a millet seed up to a tumor weighing twenty pounds or more. As to position, they may be subserous, intramural, or submucous and about 10 per cent are cervical. Some grow laterally into the broad

*Read before the Wayne County Medical Society, April 23, 1923.

ligaments and are known as intraligamentous, while still others grow in an anterior direction causing pressure upon the bladder and occasionally become impacted under the pubic arch. Of the subserous fibroids a few lengthen out their attachment and become pedunculated. Some produce no symptoms and are found only in the course of routine examination. Older writers believed that all fibroids atrophied and disappeared at the menopause. There is no doubt that a certain proportion of these neoplasms do undergo involution or atrophy at or after the menopause, becoming smaller in size; but it is now quite generally believed that the disappearance of a fibroid by atrophy after the menopause is not common and is never to be expected in any particular case. The large majority of fibroids sooner or later produce symptoms and some constitute a real source of danger to the patient. Thus, Noble estimated that 14 per cent of his series of 337 cases would have been followed by a fatal outcome had not surgery been instituted for relief.

Fibroids are poorly supplied with blood, the circulation being largely peripheral, very few and very small vessels find their way into the interior of the growth. For this and other reasons these tumors are prone to undergo degeneration. Tracy estimated that 30 per cent of all fibroids undergo either benign or malignant change. These degenerations may be classified as follows: hyaline, cystic, myomatous, fatty, calcareous, hemorrhagic, necrobiosis, necrosis, red degeneration, sarcomatous. It is also well known that fibroids are a predisposing cause to carcinoma of the corpus. They appear to produce changes in the blood supply or alteration in the uterine mucous membrane due to pressure which furnish the necessary irritation for the development of carcinoma. Noble, in studying a series of 2,274 cases, found complications existing in the uterine appendages or in the pelvis in 37 per cent of the cases. Cervical fibroids not only cause pain, but symptoms resulting from pressure on the ureters, the bladder, the rectum, and any portion of the intestine that may happen to be adherent in the pelvis. Pedunculated subserous tumors not infrequently undergo torsion of their stalk, giving rise to severe symptoms and demand immediate surgery. Submucous tumors have an unusual tendency to bleed, causing severe anemia. Necrosis is quite common, especially when through contractions of the uterus, the tumor is partially or wholly extruded into the vagina, with the possibility of the infection of the growth. Calcareous tumors in older women, when traumatized, may give rise to necrosis. Many fibroids associated with pregnancy enlarge with the pregnancy. Winter, in a study of twenty-three cases complicated by pregnancy, observed that five progressed without any disturbance; eighteen had varying degrees of pain and dis-

comfort due to various causes such as painful uterine contractions, localized peritonitis or secondary changes in the tumor. Rapid growth of a tumor may cause pain. Serious pressure upon the bladder may be caused by impaction of the tumor or uterus in the pelvis, or rotation of the uterus. During labor while obstruction is rare, hemorrhage from submucous tumors is not uncommon and after delivery, postpartum hemorrhage, necrosis or infection of the tumor may jeopardize the patient's life.

The history of the treatment of fibroids is of unusual interest and will be given briefly. Medical treatment at one time enjoyed great popularity for the control of hemorrhage, but results were most uncertain. Ergot was advocated by Hildebrandt, in 1872, on the theory that it controlled hemorrhage and favored the extrusion of the submucous growths. Since that time *hydrastis canadensis*, adrenalin and a long list of other drugs have been used with but little effect upon either the hemorrhage or the tumors. Electricity was at one time in vogue. Tripier and Apostoli advocated and used electricity for the treatment of these growths and claimed wonderful results, but this method has long since been discarded. Dilatation and curettage, intrauterine applications of iodine, formalin, chloride of iron, have also been given up. In the early days of surgery when the mortality from hysterectomy was high, various non-radical measures were employed. Tait in 1872 described salpingo-oophorectomy. Schroeder and Antal, in 1889, practiced ligation of the ovarian vessels through the vagina. Bilateral oophorectomy has also been done many times. However, with the improvement of surgical technic with its lessened mortality these measures were gradually given up.

Myomectomy was first performed by Arnusé in 1840. Charles Clay, in 1845, performed the first hysterectomy. He was followed by Heath a little later, in 1843, by Atlee in 1844, by Bellinger in 1846, by Burnham in 1853, and by Kimball in 1855. Kimball did a supravaginal amputation and dropped the stump. Koeberle in 1861 did the first successful hysterectomy in Europe. He devised the *serre-noeud* for this operation. This was an elastic ligature which was made to surround the cervical stump and held there by transfixion pins after the cervix had been fastened into the lower angle of the incision. The technic of hysterectomy was further perfected by Pean in 1873, by Bardenheuer in 1881, by Jones in 1883, by Emmett in 1884, by Stimson in 1889, by Baer in 1892, and finally by Pryor and Kelly. The modern operations of myomectomy and hysterectomy have been perfected following the early work of these surgeons until at the present time abdominal hysterectomy has a mortality of only

2 per cent, while that of myomectomy is less than 1 per cent.

Much has been claimed in recent years for the efficacy of radium and X-ray treatment of these tumors. In order to compare the relative value of radium, X-ray and surgical treatment it is necessary to state the indications, contraindications and limitations of each. X-ray experts more or less generally recognize the following limitations and contraindications: 1. X-ray should not be used during the reproductive period as a large percentage of women are rendered sterile by its use. 2. The following types of tumor should be excluded: (a) all tumors undergoing degeneration, (b) all fibroids associated with early carcinoma of the corpus or cervix, (c) all fibroids causing pressure symptoms, (d) all submucous and subserous tumors, (e) all tumors associated with pregnancy, (f) all tumors in which adnexal disease is present.

If 30 per cent of all tumors show degenerative changes and 37 per cent adnexal disease, 67 per cent must be excluded for these conditions alone. Five per cent more will show pressure symptoms. Add to these the uncomplicated subserous and submucous tumors, the tumors associated with pregnancy and all uncomplicated tumors occurring in the reproductive period, it leaves a rather small percentage of cases in which X-ray is applicable.

The contraindications for radium are about the same, and in addition radium should not be used in tumors larger than a four months' pregnancy. This leaves the field for radium a little narrower than that of X-ray.

The indications for X-ray and radium may be summed up as follows:

1. Uncomplicated intramural fibroids causing symptoms.
2. Cases in which hemorrhage has been so prolonged or profuse that the hemoglobin is reduced to 30 per cent or below.
3. Fibroids associated with cardio-renal disease, diabetes, pulmonary tuberculosis, etc.

In looking over the statistics of X-ray experts, it is evident that they base their cures almost entirely upon one factor, viz.: the disappearance of symptoms. Most roentgenologists are careful not to mention the percentage of cases in which the tumor is made to disappear.

Some statistics found are as follows: Eymer, 94 cases, amenorrhoea 49 cases (52.1 per cent), reduction in size 30; Steiger 23 cases, symptomatic cure 85 per cent. Mohr 380 cases, (collected), symptomatic cure 56.2 per cent.

As to the disappearance of the tumor, Mohr's statistics are interesting: 380 cases treated; unaltered, 21.3 per cent; reduced in size, 57.6 per cent; markedly reduced, 13.7 per cent; entirely disappeared, 5.3 per cent; subjective sen-

sation of diminution, 0.8 per cent; increased in size, 1.3 per cent.

Other statistics are as follows:

Brettauer, 33 cases; amenorrhoea, 78 per cent; Martindale, 37 cases, amenorrhoea, 82 per cent; Heyerdahl, 30 cases: amenorrhoea, 80 per cent, Hanks, 100 cases: amenorrhoea, 99 per cent; in 30 cases, two and one-half years since treatment, disappearance of tumor in 80 per cent. Beclere 294 cases: 10 failures, 3.4 per cent; Lindquist, 34 cases: amenorrhoea, 65 per cent; Crossen, 600 collected cases with 5 per cent of failures; Pfahler 87 cases, 75 per cent.

Thus we have 1,692 cases reported with 78.5 per cent of symptomatic cures. It is stated that from 1 to 20 treatments were given in these cases. Other interesting data discovered while perusing the literature may be quoted; Pfahler reports two cases treated by him in which pelvic abscesses resulted. Beclere reports that in 300 cases, two were found to have been wrongly diagnosed as ovarian cysts. Vincent and Laffont report a case treated by X-ray in which the tumor rapidly increased in size and at operation an inoperable carcinoma was found. Roehm and Barnard report a case of sphacelation of a fibroid after 20 X-ray treatments. Horvath reports X-ray treatment in a case of cystic fibroid followed by the death of the patient. Delbet and Bellingier state that results of X-ray treatment are not constant, that it often fails to diminish the tumors in size, that it causes adhesions, produces great vascularity and tissue necrosis, greatly complicating a subsequent hysterectomy and rendering myomectomy practically impossible. Then, too, there are other factors which make X-ray disadvantageous such as X-ray burns, nausea, vomiting and in some cases persistent and intractable diarrhoea.

RADIUM

There is no question that radium is the indicated form of treatment in a certain percentage of fibroid cases. From what has already been stated the field for radium is not large, but it is definite, and may be summed up in a few words. Radium is the treatment of choice for the smaller fibromas in women approaching or within the menopausal years whose only symptom is hemorrhage. Radium treatment is as simple as an ordinary curettage. It may be given with gas oxygen or even local anesthesia, the morbidity from it is negligible and the mortality is nothing. The results are satisfactory insofar as relief of symptoms is concerned in 95 per cent of the cases selected for this form of treatment. Statistics I have been able to gather are as follows: Corscaden, 203 cases, 3 failures; John G. Clark, 476 cases, 4 per cent failures; Kelly, 210 cases, 13 failures.

(Some of Kelly's cases were in young women where small doses were applied).

Statistics of surgical operations would fill several pages. I will quote from some reports:

HYSTERECTOMY

Deaver	750 cases	mortality	1.75%
Hildebrand	195 cases	mortality	1.54%
Wachenfeld	225 cases	mortality	1.75%
Tracy	100 cases	mortality	2.00%
Moeller	700 cases	mortality	2.14%
VanEtten	75 cases	mortality	1.25%
Ott	480 cases	mortality	2.5 %

2,525 cases with an average mortality of 1.83%.

MYOMECTOMY

Mayo Clinic	750 cases	mortality	¾ of 1%
Bonney	100 cases	mortality	1%

It is difficult to compare statistics from these three forms of treatment for the following reasons:

1. Cases suitable for X-ray and radium are selected cases—the uncomplicated tumors in which there should be no mortality. The surgeon operates upon complicated cases and some of his mortality arises from the complications.

2. When an attempt is made to compare radium and X-ray "clinical cures" with a radical cure, such as is obtained by a hysterectomy, a number of questions arise:

1. Are the X-ray specialists sure that a fibroid really existed prior to treatment?

2. In what percentage of cases does the tumor disappear?

3. Are X-ray experts reasonably sure that the symptoms will not recur?

4. Are they reasonably certain that sarcoma or carcinoma will not develop at some later time?

It is my contention that the large majority of fibroids are best treated by surgery. The operation of myomectomy for suitable cases in women during the child-bearing age, and hysterectomy, either supracervical or complete, in other cases, and for the following reasons:

1. Because by surgery the tumor is entirely removed.
2. By surgery the function of the ovaries may be preserved. This is a very important consideration, especially in women under forty. Louwer has shown that in women past the menopause that roentgen treatment by action on senile ovaries occasionally brings about a disturbancy of the entire endocrine system.
3. Because the mortality is less than the incidence of malignancy and the end results are satisfactory.
4. Because it is difficult at times to diagnose coincident disease. With surgery, coincident disease of the tubes, ovaries, appendix and other adjacent structures is treated at the same time.
5. Because there is

a little need for selection of cases, the only ones excluded are those which a surgeon would ordinarily defer upon general principles as poor risks, viz.: anemia, pulmonary tuberculosis, severe cardiorenal disease, diabetes, etc. Then, too, surgery is demanded in all cases requiring quick relief and in practically all patients below the age of forty.

MYOMECTOMY

Myomectomy, where possible, is the operation of choice in tumors of the reproductive period. While it is true that women with multiple fibromyomata do not become pregnant nearly as frequently as women with normal uteri, it is a fact that this operation will leave the uterus in a favorable condition for conception to take place, and in addition the ovarian function is conserved. W. J. Mayo states that this operation "holds an unassailable position in the treatment of fibroids of the childbearing period and should be done more often." Victor Bonney reports a series of 100 myomectomies and states that neither the number of tumors, position, menorrhagia or the degeneration present are a bar to this operation. He has removed as many as 30 tumors from a single uterus. This operation requires a great deal of ingenuity and a few points in technic may be mentioned.

1. The incision should be in the midline and the exposure should be adequate.
2. All unnecessary trauma should be avoided.
3. Gauze packing should be dispensed with if possible, as it favors adhesions.
4. Closure of the opening in the uterus should be by continuous catgut and care should be taken not to place too much tension on the sutures.
5. The peritoneal covering should be inverted by fine catgut so that only the final knot lies upon the serious surface.
6. When a number of growths are to be removed the incisions should be planned in such a manner as to be as few as possible and run in the same direction. If after myomectomy symptoms recur, then radium may be used, or hysterectomy may be performed.

HYSTERECTOMY

Hysterectomy is the operation of choice in—

1. Cases at or beyond the menopause.
2. Cases in which the fibroids are large, or so great in number that myomectomy cannot be satisfactorily performed.
3. All cases where early carcinoma is present.
4. All cases showing degeneration.
5. All cases where the tubes and ovaries have been destroyed by inflammatory disease.

The supracervical technic is the one most commonly employed and is quite satisfactory provided the cervix is normal. It is simple and safe. When properly done, it leaves a good pelvic floor with the vault of the vagina attached high in the pelvis, giving a satisfactory

support to the bladder. The chief objection to this operation is that it leaves the cervix, which may later become cancerous. Polak three years ago collected a series of 256 cases in which carcinoma had developed in a cervix left after supracervical hysterectomy. I have seen one such case. Schottlander, Spencer and Noble have shown by routine serial section in 900 total hysterectomies that carcinoma of the cervix actually co-exists in 2 per cent of all fibroid tumors of the uterus. The mortality of the complete operation is slightly higher than the supracervical, but when the surgeon may remove at the same operation an infected, lacerated or hyperplastic cervix which later may become the seat of carcinoma, then this procedure should be given the preference.

I wish to report a series of 100 cases treated by surgical methods. The operations were performed for pain, hemorrhage, rapid growth, mechanical obstruction, carcinoma and co-existing disease of the adnexa. The operations consisted of myomectomy, extirpation of polypoid submucous tumors and hysterectomy, both supracervical and complete. Of the 100 operations there were 78 hysterectomies and 22 myomectomies with 2 deaths, a mortality of 2 per cent for the series. As the two deaths followed hysterectomy the mortality for 78 hysterectomies was 2.5 per cent. Of the hysterectomies 30 were complete and 48 supracervical. Of the myomectomies 21 were abdominal and 1 vaginal. The youngest patient was 24 and the oldest 53, 73 were married, 30 had borne children, three others had been pregnant and miscarried.

A classification of symptoms was as follows:

Menorrhagi or metrorrhagia, 44 cases; pressure symptoms, 10 cases; referred pain or referred symptoms, 4 cases; rapidly growing tumor, 1 case; fever and toxemia associated with necrosis, 1 case; severe pain due to subserous pedunculated tumor with a twisted pedicle, 1 case.

The following complications were present:

Pyosalpinx, one or both tubes, 23 cases; ovarian cystoma, 4 cases; carcinoma ovary, 1 case; carcinoma cervix, 2 cases; carcinoma corpus, 2 cases—(32 cases).

Other operations performed at the same time were as follows:

Perineorrhaphy, 12; perinoorrhaphy with anterior colporrhaphy, 8; hemorrhoids, 3; fistula in ano 1; appendectomy, 44.

Myomectomy during pregnancy, three cases; one went to full term, one miscarried four months after operation, one miscarried two months after operation.

Degenerations encountered were as follows:

Hyaline degeneration, 4 cases; cystic degeneration, 2 cases; necrobrosis, 1 case; necrosis, 1 case; myomaotus, 1 case; calcareous, 1 case.

CONCLUSIONS

1. Symptom producing fibroids are surgical and should be treated by the surgeon or under his supervision.

2. X-ray or radium may be used in uncomplicated tumors where the only symptom is hemorrhage. X-ray or radium should be used where surgery is contraindicated, as in cases with severe anemia, pulmonary tuberculosis, diabetes, or severe cardio renal disease.

3. Surgery is the treatment of choice in (a) all tumors of the reproductive period. (b) All tumors associated with adnexal disease. (c) All tumors associated with degeneration or carcinoma. (d) All tumors causing pressure, hemorrhage or other acute symptoms.

NON-OPERATIVE TREATMENT OF CATARACT

RAYMOND J. SISSON, B. S. M. D.

DETROIT, MICHIGAN

For many years ophthalmologists have been searching for a medicinal treatment of cataract. Many theories have been advanced, some of which have therapeutic value. Any method which cures or delays the advance of the cataract to the stage where discontinuance of work is necessary, demands consideration.

To the average layman the word cataract is associated with malignancy. He hears about some relative or friend who had an operation without a good result. There are very few lenses in which slight opacities cannot be demonstrated. These are the congenital white points which have no pathological significance, hence do not concern us at this time.

The most frequent type encountered is the so-called senile cataract which occurs usually after middle life. We are now fortunate to have the modern slit lamp and corneal microscope to aid in the early diagnosis of lenticular pathology. If medicinal therapy is of any value it is in the early cases.

The senile cataract consists of wedge-like opacities which are water cracks between the lens fibres. In between these wedge shaped opacities are fine and coarse dot-like opacities which are minute water droplets. It is the latter form of opacity in the senile cataract which disappear under medical treatment. The complicated form of cataract is secondary to a disease such as diabetes, choroiditis, uveitis, focal infection, myopia, retinal separation and glaucoma. The complicated type begins in the region of the posterior capsule of the lens and presents a very definite picture. It is extremely important to recognize this and institute a search of the body for the causative factor.

If the complicated cataract is allowed to proceed to maturity the operative prognosis is not

favorable. By remedying the underlying cause the progress of the cataract may be arrested, and combined with medicinal measures improvement frequently occurs.

TREATMENT

The treatment may be divided into four phases:

1. Hygienic.
2. Dietetic.
3. Local.
4. General.

Under hygienic treatment are included all agents which improve the metabolism and pertain to the health and welfare of the patient. Eyestrain should be avoided by frequent careful examination for refractive errors, which should be corrected. Careful adjustment, fitting and explanation of the proper reading light insures less ocular discomfort. Foci of infection, including the gastro-intestinal tract, should be corrected.

Diabetes, if present, can be controlled by diet alone or in combination with insulin. This is a frequent cause of the complicated cataract and by proper regulation of diet improvement usually occurs.

Local applications have received more notice than any of the other forms. Each author ardently supports his method. Instillations or subconjunctival injections act to increase the circulation in the anterior part of the eye. A large number of medical preparations are advocated. Dionin is the most frequently used and most acceptable because of its stimulation of the local lymph vessels. A tolerance is established unless this drug is used intermittently. Mercury cyanide is also used frequently subconjunctivally. This is more irritating than dionin and less efficacious.

Electricity, X-ray and radium have not proved of value in the treatment of cataract. Potassium Iodide or the syrup of hydriodic acid should be given. Verhoeff showed that 8 per cent of all people are hyperpersitive to the protein of the lens. Recent work published by Davis showed that 65 per cent of patients with immature cataracts were improved and 90 per cent of the cases arrested by the injection of the lens protein antigen in desensitizing doses. This is based on the theory of Roemer that cataract is a specific metabolic disease and that the lens protein acts as a specific protein having a selective action on the cataract.

COMMENT

An economic problem, in many cases serious, occurs when a patient loses his ability to pursue his vocation and becomes at first partial, later totally dependent on others for care. Any measure which will allow a patient to con-

tinue longer in his employment should be vigorously and religiously applied. The percentage of cases which show improvement under these measures justify careful attention and study being given to all cases of immature cataract, and the medical principles as outlined applied.

A METHOD OF RADICAL CURE OF FEMORAL HERNIA

R. H. CRISSEY, M. D.
LANSING, MICHIGAN.

The anatomical impossibility of complete closure of the femoral canal and the number of recurrences following the ordinary technic for radical cure of femoral hernia led me a few years ago to devise a method in operating cases of femoral hernia which to date I have not seen described. I have had opportunity in the past year to work out the following technic in the anatomical laboratory, since which time we have operated two cases and the total cases including those which were previously operated total fifteen. Three have had no recurrences.

A review will give quite clearly the anatomical knowledge to be considered in the anatomy of a femoral hernia. The femoral canal is bounded above by Poupart's ligament, beneath by the pubic bone, latterly by the femoral vein and medially by Gimbernat's ligament. Any attempt to bring Poupart's ligament to the pubic bone, as is well known, is sure to encroach upon the femoral vein. Therefore, this is an impossibility. If it be remembered that the iliac fascia is directly continued off the

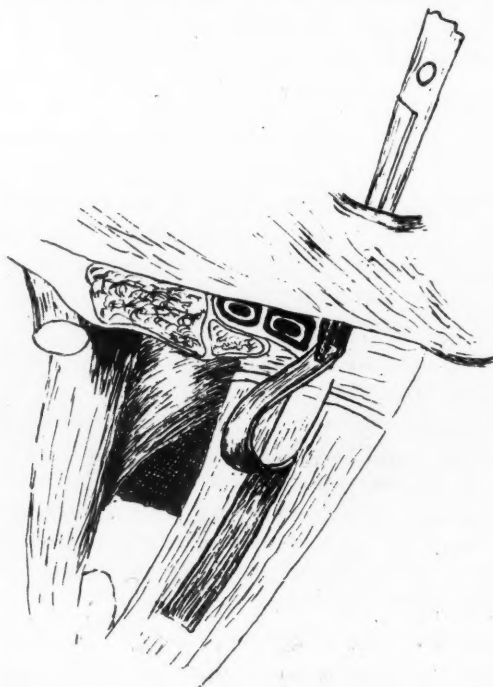


FIG. I.

Pulling strip of fascia through the femoral canal.

pubic bone on to the thigh forming or directly continuous as the fascia of the pectinous muscle, we can see that by a reflection upwards of the pectinous fascia, a complete anatomical closure is possible. The pectinous muscle is attached to the ascending ramus of the pubic bone directly beneath the femoral canal and continued downward, outward and slightly backward to be attached to the posterior surface of the femur. It will also be seen that there are only two anatomical structures to be taken into consideration in the following procedure; these are, the superficial and the deep external pudendal arteries. These, if necessary, may be sacrificed.

By a reflection upwards of the pectinal fascia as described, a complete and anatomically correct closure of the femoral canal is made. That is by reflecting the iliac fascia upward, making it continuous with fascia transversalis on the anterior abdominal wall. The method of procedure is as follows: A slightly curved incision is made concavely outwards, beginning about an inch above Poupart's ligament and extending downward over the hernial protrusion two inches below Poupart's ligament. An angular incision may be made, the two limbs of the incision coming to a point just above the hernial protrusion. The incision is carried down through the skin superficial and deep fascia and the sac is sought for in the usual manner. The sac is now opened, its contents reduced and the sac ligated as high as possible. The lower portion of the incision is now deepened down to the pectenous, which should, if possible, be parallel with its fibers. Here we will be apt to meet the pudendal arteries which may be tied. By blunt dissection, the fat over the pectenous muscle is wiped away and a strip of the pectenous fascia is now outlined parallel with its fibers and left attached to the pubic bone directly under the femoral canal. This

flap is usually made about one-half inch wide and, one to one and one-half inches long. This, of course, should be made according to the size of the femoral canal. This strip of fascia is now raised and dissected well up to its attachment. The opening left can be closed with two or three interrupted sutures. A curved director or a rather sharply curved haemostat is now introduced into the femoral canal in front of the sac extended up between the parietal peritoneum and Poupart's ligament and is made to point about one-half inch above the ligament. This point can be felt just beneath the aponeurosis of the external oblique muscle. A small incision is now made parallel to the fibers of the external oblique aponeurosis directly over the point of the protruding director and the director shoved through. By grasping hold of the director with a small haemostat, the latter is made to retrace the path of the director, bringing the point of the haemostat from above downward beneath Poupart's ligament and anterior and below the peritoneal reflection, down through the femoral canal. The strip of fascia which was previously raised, is now caught and pulled upward, completely closing the femoral canal. A couple of stitches will now fix the strip of fascia to Gimbernat's ligament, also Poupart's ligament. The fascia is now caught by a couple of stitches which at the same time completes the rent in the external oblique aponeurosis and completely fixing the fascia. The incision is now closed in the usual manner.

THE SPLENIC SYNDROMES*

WILLIAM J. MAYO, M. D.

ROCHESTER, MINNESOTA.

GENERAL CONSIDERATIONS

There is in the body a widespread group of tissues, one of whose functions is to produce white blood cells. Landau and Aschoff called this group the reticulo-endothelial system. It is composed of the lymph sinuses and blood sinuses, the Kupffer cells of the capillaries of the liver, the capillaries of the bone marrow, the adrenal cortex and hypophysis, and the scattered endothelial tissues of the body generally. One of the most important aggregations of these tissues is in the spleen, which, like other elements of the group, has varied functions. It is rather characteristic of the members of the reticulo-endothelial group to undergo changes with increasing age, many of these tissues, like that in the spleen, reach their greatest functional activity at the adolescent period of life, thereafter gradually undergoing senescence, so that often in middle and later

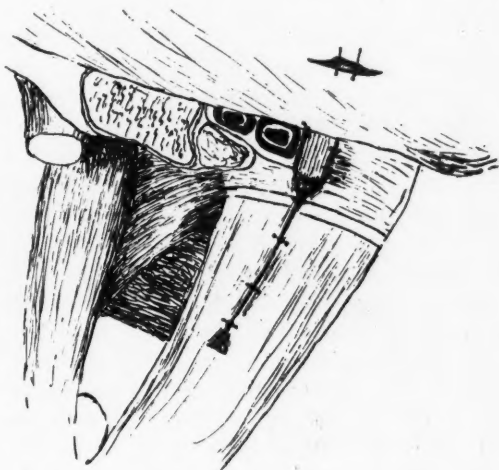


FIG. II.

Completed operation—note the stitches anchoring the strip of fascia to both Gimbernat's and Poupart's ligament.

*Lecture on surgery given before the Medical School of the University of Michigan, Ann Arbor, November 19, 1925.

life they become more or less infiltrated with fibrous tissue. It is noteworthy in this connection that the splenic syndromes are usually found in persons in the first half of life.

We have been prone, in the past, to speak of certain changes in the body as congenital, as though they took place only in prenatal life. As a matter of fact, such changes are continuous throughout life. Paget, in his fascinating book on surgical pathology, written more than fifty years ago, described the natural deterioration of age as the "calmness of decay, due either to a reduction in quantity, as in the withering of age, or to a reduction in quality, as in the obesity of age." Again, he speaks of the senile processes as the replacement of vital tissues by non-functioning material, causing atheroma, arteriosclerosis, and so forth, "as though man were becoming more earthly in preparation for the grave."

C. H. Mayo nearly thirty years ago pointed out the changing character of the lymphatic system with age, showing that the lymph nodes reach the height of their function in early adult life, after which they gradually undergo atrophy and progressive fibrosis; he suggested that these senile changes are probably the chief reason why cancer does not progress in old persons as fast as in younger persons.

It is a common experience to see middle-aged persons with tonsils, which had been very large in childhood, so small as the result of progressive atrophy that they can hardly be detected under the pillars of the fauces.

Ribbert points out that the appendix, an organ containing considerable lymphoid tissue somewhat similar in structure to the tonsils, undergoes progressive obsolescence, atrophy beginning at the tip and slowly progressing until the organ becomes converted into a fibrous cord, a condition formerly called appendicitis obliterans. Ribbert found in a general necropsy service that the appendix showed obliterative changes in about 25 per cent of persons twenty-five years old, in 50 per cent of persons fifty years old, and in 75 per cent of persons 75 years old. It sometimes happens that a fibrous appendix is removed because it is not recognized as normal for a certain age period, but is believed to represent chronic appendicitis, called "appendicitis obliterans."

There is some evidence that the nuclei of cells control growth and the cytoplasm control function. MacCarty and Broders point out that in malignant disease the cytoplasm does not differentiate normally, whereas the nuclei undergo rapid development, and the greater the deviation of the cytoplasm from the normal in relation to the nuclei, the greater the malignancy. In other words, the more nearly the behavior of the cell approaches the normal, the less malignant the growth. Perhaps the nuclei of the malignant cells, by controlling the rate of oxidation of

carbon, instead of the necessities of function controlling it, permit the tumor to rob the normal tissue of nutrition, which it converts into functionless growth.

Tissue form appears to depend on the nitrogen and the small amount of sulphur of protein which permit the deposition of other elements, such as calcium. It is interesting to speculate about just what controls the nitrogen balance; possibly it is controlled by the nuclei of the cells. Nuclear material contains much nitrogen.

Considering the diverse character of the tissues which constitute the reticulo-endothelial system, one would expect to find and does find a wide range of white cells, with many individual variations in number and size of the nuclei, and rapidity of cell division.

The lymphocyte, without which healing would not take place, is one of the most important of the white cells. Carrell, in his beautiful work on the immortality of tissues, says that by supplying lymphocytes and removing the effete products, he has been able to keep fibroblasts alive and growing more than twelve years. The lymphocytes evidently elaborate from the serum all that is necessary for nutrition and growth as well as repair. Again, while it has been demonstrated that all white cells have a defensive function, the large mononuclear endothelial white cell, of which the specific pulp cell of the spleen is an example, is a most active phagocytic agent, attacking and engulfing micro-organisms, cancer cells, and foreign bodies too large to pass through the walls of the blood vessels. These organisms and foreign bodies are eventually carried into the lymphatic system where they are destroyed, or are finally passed into the circulating blood, causing general bodily infection, as in tuberculosis and cancer.

Krogh has demonstrated that only bodies of molecular size can pass through the walls of the blood vessels, except in the portal system where colloid-sized particles can gain entrance. Intestinal absorption of substances of microscopic visibility takes place through the agency of white cells, which carry these larger particles into the lacteals.

The Liver—Mann's classical study on extirpation of the liver was of far-reaching importance. He and his collaborators, Bollman and Magath, showed that not only does sugar disappear from the blood and urea formation ceases in the absence of the liver, but also that under certain conditions jaundice occurs. Although it was known that the bile pigments had their origin in the pigments resulting from the destruction of the red cells, it was believed that the liver was the essential agent in the formation of the bile. With the aid of a series of experiments in spectral absorption by Sheard, they demonstrated that the actual destruction

of the red cells and formation of bile take place in the cells of the whole reticula-endothelial system and that the liver filters the bile from the blood stream.

The adult red blood cell is not nucleated, and therefore has no power of reproduction or growth. It is purely an oxygen carrier. As shown by Greene, the hemoglobin of the red cell, to each molecule of which iron contributes one atom, carries about 20 per cent of oxygen by volume, in loose combination. The work of Ashby, of the Mayo Foundation, showed that the red cells live much longer than had previously been supposed, undoubtedly many weeks. The oxygen-carrying capacity of the red blood cell explains the effectiveness of transfusions of blood in relieving anemia, which is essentially a condition of suboxidation.

The spleen—A consideration of the function of the reticula-endothelial system in connection with the activity of the spleen helps to elucidate some very perplexing problems. The spleen is only one of a large group of tissues of similar function, and this explains why its removal causes little or no change in the functions of the body. As a matter of fact, the spleen is much more important pathologically than physiologically.

The spleen has an enormous blood supply through the splenic artery, while the splenic vein is part of the portal system and provides about 20 per cent of the portal circulation in health, and many times that amount when the spleen is enlarged by disease. When the blood vessels pass into the splenic pulp their middle and outer coats are lost and the endothelium of the pulp cells comes into direct contact with the blood stream. The spleen contains a small amount of nonstriated muscle fiber so it has a certain rhythmical contraction, seen in its enlargement following a meal and its shrinkage several hours afterward.

The spleen may be considered as: (1) a filter, (2) a producer of lymphocytes and phagocytes, and (3) a destroyer of deteriorated red cells.

As a filter the spleen separates various micro-organisms, foreign bodies, and toxic substances from the blood stream which are destroyed by its phagocytic activities or carried to the liver for destruction or detoxication. The function of the spleen is therefore closely related to that of the liver, which is the source of the blood plasma. Failure of splenic function is seen in the enlargement of the spleen due to its inability to destroy the micro-organisms which it has removed from the blood stream, or rid itself of them, resulting in the splenomegaly of syphilis, malaria, and sepsis.

The spleen is an active producer of white cells, with temporary functional enlargements in times of stress, expressed pathologically by

the enormous increase of embryonic white cells characteristic of the leukemic states.

An important function of the spleen is the destruction of worn-out or deteriorated red cells, an action in which the relation of the spleen to the bone marrow is manifest. Unfortunately, anything which causes an enlargement of the spleen increases its power of destruction of red cells, as seen in the syndrome of splenic anemia. The destructive action of the spleen at times appears to be specific, as in its tendency to destroy the fragile red cells of hemolytic icterus, and the blood platelets in hemorrhagic purpura. Enlargement of the spleen is therefore a most important feature of the splenic syndromes, without regard to cause.

The diagnosis of splenomegaly at the present time rests largely on the ability to palpate the enlarged spleen beyond the free border of the ribs. Percussion is of small value, and the method of distending the abdomen with air or oxygen to determine the size and position of the spleen is of little practical use. Since the spleen often becomes adherent up under the diaphragm as it undergoes enlargement, it may reach a very considerable size before it can be detected by palpation.

Clinically, a chronic secondary anemia for which an adequate cause cannot be found suggests a possible splenic origin and should lead to careful examination of the constituents of the blood.

DISEASES OF THE SPLEEN

In an attempt to weave something like order into our knowledge of the obscure pathology of the spleen, I have analyzed 413 cases in which splenectomy was performed. MacCarty has carefully worked out the pathologic condition found in the spleens removed, and an attempt has been made to correlate the findings. Unfortunately, the pathologic condition is not always closely related to the clinical condition, but this may well be expected, since the spleen is only one of a number of organs or tissues that are concerned.

FINDINGS IN 413 CASES IN WHICH SPLENECTOMY WAS PERFORMED BETWEEN APRIL 1, 1904 AND OCTOBER 23, 1925.

Clinical Classifications	Cases	Hospital mortality
Disease due to infection and toxic agents	190	29
Disease associated with abnormality of the white blood cells	50	2
Disease associated with abnormality of the red blood cells	143	7
Splenic tumor	10	3
Surgical accident involving the spleen	10	
Indefinite and unclassified	10	1
Total	413	43

Some of the patients who died following splenectomy made a good recovery from the operation, but were not greatly benefited by it and remained in the hospital until death occurred. For this reason the hospital mortality is given rather than the operative, which would be much less.

DISEASE DUE TO INFECTION AND TOXIC AGENTS

There were 190 cases in which the cause of the splenic enlargement was probably an infection or a toxic agent or agents, but the causal micro-organisms were evident in the spleens in only forty-two of the cases.

Syphilis—In ten cases the chronic enlargement of the spleen was due to the spirochete of syphilis. The patients had been treated very thoroughly for syphilis for varying lengths of time without cure. In all the spleen was large and the anemia marked. It was interesting to note that while one patient died in the hospital, nine recovered rapidly after the operation and have remained well with little subsequent anti-syphilitic treatment, although in more than half there were gummas in the liver as well as in the spleen.

Tuberculosis—In eight cases there was tuberculosis which appeared to be limited to the spleen. One patient died in the hospital some time after the splenectomy, from generalized miliary tuberculosis which was believed to be the result of piercing a vein by a needle carrying a ligature with which the pedicle was tied in a field that had been infected by the escape of tuberculous debris. The other seven patients recovered and have remained well.

Septic Splenomegaly—There were twenty-four cases of septic splenomegaly caused by a primary septic focus elsewhere in the body, with seven deaths in the hospital. All of the patients were in bad condition at the time of operation. Those who had septic endocarditis at the time the spleen was removed were not benefited and died during the next two or three months, usually from a form of terminal nephritis described by Libman. Although a number of the patients with septic splenomegaly made a good recovery, the death rate was too high for the prospect of cure in the average case, and in some of the cases it probably would have been better to have delayed operation, in the hope that greater immunity would develop. However, in selected cases of septic splenomegaly, immediate splenectomy should be considered. One patient in this group died from general septicemia, a streptococcus infection was possibly again caused by piercing a vein in a septic field with a needle and ligature in the difficult process of tying a short splenic pedicle. In such cases the vessels of the pedicle should be tied separately if possible.

Splenic Anemia—One hundred fourteen cases were classified as chronic splenomegaly of the so-called splenic anemia type, a syndrome of many causes characterized by intermittent or progressive destruction of red cells. The majority of the patients had the classical signs and symptoms; early enlargement of the spleen, hemorrhages from the stomach, and progressive anemia with leukopenia, and in many the dis-

ease had progressed to the Banti stage of secondary portal cirrhosis with ascites.

The mortality following splenectomy in cases of splenic anemia depends largely on how advanced a case the surgeon is willing to accept for operation. In every case in which the operation was undertaken the spleen was removed, regardless of consequences. It was probably poor judgment in some cases to continue the operation, when exploration showed an enlarged spleen adherent to the extent of a complete encapsulation, but at least, the unfortunate experiences led to better operative methods and emphasized two of the most important surgical axioms: the surgeon must see what he is doing, and he must leave a dry field.

The fact that most of the patients with advanced splenic anemia made a permanent recovery makes it difficult for the conscientious surgeon to refuse to operate, even in the terminal stages of the disease, if, after careful examination, the patient decides to accept the risk. The pathologic condition found in the spleen in cases of splenic anemia was the usual picture of thrombophlebitis, atrophy of the pulp cells, and an enormous amount of fibrous deposit.

It is interesting to note that the pathologic histology of the spleen in cases of splenic anemia remarkably resembles that found in cases of septic splenomegaly and in those of syphilitic splenomegaly, except that no micro-organisms could be cultured. It would be quite legitimate to assume that the condition of the spleen was the result of infection, the causative bacteria of which had disappeared as a natural process. But if so, why should the enlargement not only persist, but gradually increase and lead to severe anemia, and death, usually from intercurrent disease? Again, it might be assumed that the disease of the spleen was the result of a toxic condition, secondary to an infection, or perhaps to other toxic substances filtered out of the blood in the spleen and sent on to the liver. The latter possibility is corroborated somewhat by the frequency with which portal cirrhosis of the liver was found, evidently secondary to the condition in the spleen.

It is surprising that so many of the patients in a terminal condition, with hemorrhage from the stomach and advanced cirrhosis of the liver with marked ascites, not only recovered, but for many years have remained well and able to work. One may assume that the removal of the spleen checked an inflow of at least 20 per cent of the blood tributary to the portal circulation as well as preventing the entry of toxic substances into the liver through the splenic veins, thus greatly reducing the work thrown on the liver. Again, the bed of the spleen would furnish a large space for adhesions and the development of collateral circulation. Of the 10 per cent of patients who died in the hos-

pital following splenectomy, the majority died from progressive thrombophlebitis extending from the splenic pedicle into the portal system. On the whole the results of splenectomy for splenic anemia were good, although 10 per cent of the patients who recovered from the operation died during the next ten years from hemorrhage of the stomach.

Portal Cirrhosis—The favorable results of splenectomy in the secondary portal cirrhosis of the Banti stage of splenic anemia led to the removal of the spleen in nineteen cases of primary portal cirrhosis, with six deaths in the hospital. In these cases the spleen was enlarged, but the extent of the enlargement was not comparable to that in the cases of splenic anemia, and in no case did enlargement occur early in the disease. The history and clinical findings pointed to the disease in the liver itself being primary and enlargement of the spleen secondary.

Portal cirrhosis is of two types. The most common type is gastro-intestinal in origin, deduced from the fact that it is usually seen in alcoholic and in curry (pepper) habitues, for instance, in certain parts of India, where the disease is common, even in children. In this type the spleen is only moderately enlarged, and then rather late, as contrasted with splenic anemia, in which the spleen enlarges early and cirrhosis of the liver comes late, if at all.

Splenectomy for primary portal cirrhosis carried with it considerable risk, not because of difficulties in the operation itself, but because the patients all had ascites and were anemic from hemorrhages from the stomach, and many of them had nephritis. The patients who succumbed did not as a rule die soon after operation. They did not get well enough to leave the hospital and death occurred after some days or weeks. All were in a terminal condition at the time of the operation, and in several cases it would be fair not to charge the death to the splenectomy, since some of the patients who died in the hospital made a good operative recovery. Clinically it is difficult to estimate the functional activity of a cirrhotic liver, and the patients who die following operation usually died from acute failure of hepatic function.

Rowntree has demonstrated that the dye, phenoltetrachlorophthalein, when given intravenously, is eliminated through the bile. Rosenthal estimated the time of normal elimination as a basis of a test of hepatic function, which it is hoped will permit better judgment of the function of the liver before the patients are subjected to splenectomy. The most serious contraindication to splenectomy for primary portal cirrhosis is that recovery is not as complete in these cases as after splenectomy for Banti's syndrome. On the whole, some form of

Talma-Morison operation gives as good results as splenectomy for primary portal cirrhosis, with less risk. There exists, however, a group of typical cases in which removal of the spleen is indicated in portal cirrhosis and gives good results.

Biliary Cirrhosis—Biliary cirrhosis appears to be of two types. The common type is the result of obstruction and infection occurring in connection with stones and infection in the gall-bladder and common duct, or obstruction with infection occurring in the pancreas and extending up into the smaller ducts of the liver. The liver is enlarged, congested, and soft, the jaundice comes on early, and hematemesis and ascites are usually terminal phenomena.

In the second type of biliary cirrhosis the spleen is markedly enlarged and the enlargement occurs early. There is chronic jaundice without infection of the biliary tract, which is slowly progressive, although the patient retains fair health for a considerable time. Certain of these cases might come under the obscure symptomatology so badly described by Hanot, others might be said to be complicated cases of hemolytic icterus, although without the usual blood findings. Unlike hemolytic icterus, the jaundice is obstructive, as there is bile in the urine, and the stools are clay-colored. In fifteen cases of this type the spleen was removed, with one death in the hospital. The results of splenectomy in these cases on the whole have been rather good. While the jaundice has disappeared in only a few instances, it has been greatly lessened, and many patients have been able to return to work and have lived a number of years in considerable comfort.

DISEASE ASSOCIATED WITH ABNORMALITY OF THE WHITE BLOOD CELLS

There were fifty cases in which there were abnormal changes in the white blood cells.

Myelogenous Leukemia—The spleen was removed in forty cases of myelogenous leukemia, with two deaths. Neither death was the direct result of the operation.

It has long been known that anything which reduces the size of the spleen in splenomyelogenous leukemia reduces the number of white cells and results in great reduction of the anemia. We found that after the size of the spleen had been reduced with radium or X-rays, splenectomy could be performed with comparatively little risk. The patients were relieved of the large burdensome spleen, the blood count was greatly improved by reduction of the white cells and increase of the red cells, and some of the patients have been able to work for several years, two for more than five years, and one eight years, but in no case did the blood become normal. In several cases atypical splenic anemia might have been the better classifica-

tion. Treatment with X-rays and radium gives relief, but eventually protecting encapsulation of the outer coats of the spleen results, and radiologic treatment loses its effect. In selected cases of splenomyelogenous leukemia, especially the atypical types, in younger persons, splenectomy should be considered in the earlier stages.

Lymphosarcoma—Splenectomy was performed in four cases for lymphosarcoma, with no operative deaths, and the results were surprisingly good. One of the patients lived seven years, bore two children, and eventually died from lymphosarcoma, which metastasized to the lymph nodes and lungs.

Lymphoma and Hodgkin's Disease—Splenectomy was performed in three cases of lymphoma, with cure, and in one case for Hodgkin's disease, without benefit.

DISEASES ASSOCIATED WITH ABNORMALITY OF THE RED BLOOD CELLS

Splenectomy was performed in 143 cases in which there was abnormality of the red blood cells, with seven deaths.

Hemolytic Icterus—The most common condition was hemolytic icterus, of which there were sixty-eight cases, with four deaths. The results in this group are as brilliant as any achieved in surgery. The strong points of the diagnosis were the large spleen, and the jaundice, in the presence of bile pigment in the stool and its absence from the urine, proving the hemolytic origin of the jaundice. It is interesting to note that two-thirds of the patients, even young patients, had gallstones. Because of the infection and obstruction produced by the gallstones this particular feature of the diagnosis may occasionally be clouded. Fragility of the red cells existed in nearly all the cases and usually continued after splenectomy. In the idiopathic type described by Hayem and Widal splenectomy should be performed early. In the familial type described by Minkowski, many of the cases are mild and operation can await necessity, but in all severe cases of the familial type splenectomy should not be postponed, since the mortality from hemolytic icterus, when not in the terminal stage, is very small.

Hemorrhagic Purpura—Splenectomy was performed in nine cases of hemorrhagic purpura with no deaths. The improvement following removal of the spleen was immediate and lasting. The blood platelets rose from between 30,000 and 60,000, to normal, 225,000 to 400,000 or above, in from forty-eight to seventy-two hours. While the blood platelet count is the sheet anchor in diagnosis, in several of our cases this count was not reduced sufficiently to have great value in the diagnosis.

Polycythemia—One patient with typical poly-

cythemia, with a greatly enlarged spleen, has been marvelously improved by splenectomy performed more than four years ago. The red cells decreased from 12,000,000 to about 6,000,000. The hemoglobin has been lowered from 130 per cent to 100 per cent.

Pernicious Anemia—In this group there were sixty-two cases and four deaths. Again, it is difficult to estimate just how much good splenectomy has done. Immediate improvement practically always occurred. Some of the patients have been in good condition and able to work more than five years. That there is a small group of atypical cases which as yet are classified as pernicious anemia, and in which great benefit will be derived from splenectomy, there can be no doubt. Generally speaking, the younger the patients and the shorter the duration of the disease, the better the prognosis.

Aplastic Anemia—There were four cases of aplastic anemia, and splenectomy did little or no good. It is quite probable that in some of the earlier cases in which the spleen was removed for supposed pernicious anemia, aplastic anemia would have been the proper diagnosis.

MISCELLANEOUS CONDITIONS

Of the remaining thirty cases in which splenectomy was performed, ten were indefinite and unclassified for lack of knowledge. In twenty cases splenectomy was performed for tumors, traumatism, and surgical accidents.

The most important surgical observation was that the properly rehabilitated patient recovered from the splenectomy, while the patient on the down grade or operated on during a splenic crisis was subjected to a serious and usually unnecessary risk, a lesson taught by bitter experience. By proper choice of cases for splenectomy and careful preoperative preparation, the mortality following the operation should not exceed 5 per cent, without denying the right of a chance for life to any patient.

MEDICAL POLICIES*

F. DUNBAR ROBERTSON, M. D.
GRAND RAPIDS, MICH.

Ladies and Gentlemen of the Kent County Medical Society:

I am quite sure that my successor, whom you will elect this evening, will feel as flattered and honored as I did when I was chosen to preside over your meetings during the past year. No one can retire from the president of the Kent County Medical Society without appreciating the tremendous compliment which has been paid him. I am quite confident that the

*President's Annual Address—Kent County Medical Society, December 16, 1925.

new president, to whom I will hand over this office, will meet with a far greater measure of success than have I, and I most heartily congratulate him. His opportunities will be many, but I fear his perplexities will be more. Indeed, I feel that each and every one of the presidents of this and other medical societies, will, in the next five or ten years, be called upon to solve, with the aid of the society and committees, many very knotty and serious problems, chief among which, I think, is the spectre of state medicine which hovers over us. There is the free clinic question, and educational are many others, too, such as the publicity question and other problems.

Having practiced medicine since 1886, and having been brought up in an atmosphere of medicine, as it were, my father having practiced medicine for nearly fifty years, may I be permitted to give you a birds-eye view of some of the changes that have taken place during that period, from an ethical and social point of view rather than scientific?

Nowadays we hear a tremendous amount about publicity, whatever that may mean to you, and later I will try to define the word and state what it ought to mean to the medical man, and what I believe ought to be its limitations. Now, in thinking about publicity in all its many phases, it has occurred to me to ask myself this question—"What has come over the medical man of late years? What changes have taken place in his character and environments? What change in the public mind is it that makes him feel that he has perforce to seek aid from the press?" Most assuredly it was not necessary forty years ago, nor indeed thirty nor twenty years ago, although in the early part of this century it became apparent that physicians were determined to bring themselves, their personalities and medical opinions pertaining to health and hygiene, before the public through the press. Ten or more years ago I well remember how surprised I was when I was asked for my photograph, which was to be put in one of the local papers along with those of thirty or forty other medical men of the city, and how surprised the press representative was when I refused his request. But to tell the truth, I was more surprised, in a day or two, to see, staring at me from the printed page of one of our evening dailies, the faces of many of our well known medical men of the city. Needless to say, forty years ago that never would have been thought of.

After thinking things over I have about made up my mind that our troubles really begin from within. The old saying that familiarity breeds contempt, is, I think, only too true in our profession. Where is the dignified, courtly physician to be found today? When I look over the years I can remember the type of man that

ornamented the profession. Of course, from the standpoint of pure science he was a child compared with the man of today. In many other respects, however, he was vastly his superior. His family loved him, the public respected him, and, indeed, he compelled respect. He was a man of dignity and education from a literary standpoint. He was beloved by his patients, and looked up to by all. He was much nearer to and more in the confidence of the people than the clergy. He was not only the doctor, but the advisor, the faithful repository of family secrets, the one to turn to in time of trouble. His was not a business, but a profession. He spoke of his practice, not of his business. Today, even the very leaders of our profession are saluted by a "Hello, Doc" by the man on the street.

If the elderly man of forty years ago should rise from his grave, I am sure that one of the most astonishing things that would come to his notice would be the fact that the medical man of the present day permitted his patients to treat him with the utmost familiarity.

In this country, especially, in those days, medical education was in a chaotic state. There were a few good medical schools, such as Harvard, Johns Hopkins, Ann Arbor, Pennsylvania, the College of Physicians and Surgeons, McGill, and others, and there were a lot of very inferior schools, grading down gradually to the worst type of diploma mill. Is not the present condition of our profession in relation to the public—I mean the lack of respect for our profession—at least in part due to the fact that in the past our standards have been so low? Thirty or forty years ago it was almost impossible for the public to discriminate. How could it tell, when the young doctor came to town, whether he was a graduate of a good university, or a product of one of the diploma mills? And not knowing, except by very dearly bought and hazardous experience, the difference between the scientist and the charlatan, it was as often deceived as not, and came at last to characterize all physicians as "Docs."

So now we feel that we must resort to publicity in some form in order to educate the public that medicine is becoming rapidly a science instead of an art. In the old days, both in this country and abroad, a medical course in the best schools was one of two, three or four years, depending somewhat upon whether you had an A.B. degree or had taken less serious preparatory work. Today we have advanced so far along medical educational lines that our Dr. Pusey is now advocating shortening the collegiate courses rather than lengthening them. So that forty years ago the great problem that confronted us was education, but today the president of the A. M. A. feels that our medical courses are unnecessarily long. While it

was not true in the early eighties, I claim that the student of today can get a better rounded and more complete medical education in America, which, of course, includes Canada, than in any other region on the face of the globe. Practically, we are well up to a definite standard, and that standard is a high one. Now it is claimed by many, and I myself believe it to be partly true, that in our efforts to give the individual complete medical training, we have forgotten to educate the public to the fact that our art is gradually approaching a science. The old imperialism has gone and more scientific methods have taken its place, and apparently with our added knowledge the viewpoint of the medical man has changed too, in respect to his public, and this again brings us to the question of publicity.

PUBLICITY

Now from a medical standpoint, what is publicity as distinct from advertising? Let me quote from a letter from the general manager of the largest publicity and advertising concern in the United States, which letter was in answer to one I had written him asking him to give me his ideas as to the demarcation between publicity and advertising. He says in part:

Newspaper men and those in the advertising business make somewhat the following distinction in using these two terms. Advertising is material designed to have a direct effect on sales, and therefore appears in distinctive physical form in advertising columns of publications.

Publicity is generally held to include the presentation of informative material, in news or editorial columns. In many cases a distinction between advertising and publicity must be determined by the intent of the distributors of the material in question, i. e., by the integrity of the source. The standards by which their intent may in turn, be measured, are the business, journalistic or professional ethics involved. In the business field, for example, the so-called publicity that amounts to nothing more or less than free advertising, and whose purpose is to secure without cost the mention of any manufacturing company or trade organization, or the name of any trade marked product, is at variance with the best journalistic and business ethics. The man who tries to get commercial advertising for nothing; who tries through so-called publicity, to get a sales message across, without paying advertising rates, is in pretty much the same class as the tax dodger, or the man who never pays his bills. In other words, getting something for nothing is always economically unsound. When it comes to a consideration of news stories about individual physicians, or any organized group of physicians, the question of the ethics of the medical profession is projected violently into the foreground. If the preparation of such stories constitutes unfair sales methods as determined by professional etiquette, then their distributors are in the wrong. In other words, it is not a question of whether such stories are pub-

licity or advertising, for they may well be both, but rather of the principles involved.

Such, then, are the views held by a lay authority on advertising and publicity. Now many medical men, probably, have a very different idea as to what constitutes publicity. For my part, I do not deny that educational publicity of any sort is good for the public and advances the interests of the medical profession, but it should never, I think, be individual, but always emanate from a medical society or university.

The London correspondent of the Journal of the A. M. A. writes that the British Medical Association has adopted an important report from the central ethical committee in re: "Publicity". The report points out that from time to time there are discussed in the lay papers, topics that have relation both to medical science and policy and to the health and welfare of the public, and it may be legitimate and even advisable that physicians who can speak with authority on the question at issue, should contribute to such discussions, but physicians who take this action ought to make it a condition of publication that laudatory editorial comments relating to the contributor's professional status, shall not be permitted; that his address or photograph shall not be published; and that there shall be no unnecessary display of his medical qualifications and appointments. There is a special claim that physicians of established position and authority shall observe these conditions, for their example must necessarily influence the action of their less well known colleagues. After making all allowances for those modes of publicity for which there may be some justification, there remain many instances that can be regarded only as gravely and unnecessarily contravening the spirit of the notice of the general medical council. The extension of the practice of discussing medical topics in the lay press, can lend only to a competition for public notice in which the abler and more scrupulous men would be left behind by those who are inferior, to the detriment of the public who are ill qualified to judge of the true worth of scientific opinion.

This then is the voice of the British Medical Society in regard to publicity, and fairly represents what I believe to be the correct attitude. It might be of interest to recall to your mind the resolution that was passed at the annual meeting of this Society, December 13th, 1916:

Moved: That it be the sense of the Society that the name of none of its members appear in any local paper in connection with medical news, and that a committee be appointed by the president

to wait upon the local papers, advising them of this action, and requesting them to withhold all physicians' names from the medical news articles.

This resolution was moved by Dr. Ferris N. Smith, and was unanimously adopted, and an amendment was tacked on asking the president to appoint a censorship committee. It seems to me that that was a very sensible and timely solution, and one that should be lived up to the letter.

CLINICS

Let us for a moment dwell upon the free clinic and social welfare agency question. Let us consider what is going on in Grand Rapids.

We have the three hospital clinics, the Orthopedic clinic, the Preventorium, and Infant Feeding Clinic, the T. B. Clinic, and others, all of which are thought necessary to the community, and capable of doing a tremendous amount of good. However, very many very badly need regulation. Medical men, in discussing this matter with me, at least those with whom I am brought in contact, feel that they are very improperly supervised. Let us, for instance, by way of illustration, take the so-called Baby Clinic. Now, I personally, know nothing about this clinic as, I am not and never have been on its staff, but before, during and after the time that a certain resolution was passed at the last meeting of this society, I took pains to inform myself about its workings, by asking a number of medical men to tell me their complaints, and I asked them not to deal with generalities, but to be specific. Each and every one with whom I talked, recited specific instances of the gross est misuse. For instance, a young man of very good standing in the profession, told me the following: That he was on the staff of the Baby Clinic; that on a few occasions, for one reason or another, he could not attend on his day; that he telephoned, excusing himself; that on the following day several mothers came with their babies to his office and paid a fee for advice, but not until he had been upbraided for not going to the clinic the day before. For, as the patients would say, if he had gone to the clinic it would not have been necessary for them to go to his office. In other words, to put it in another way, it is very pleasant to get something valuable for nothing.

It does seem to me that inasmuch as doctors have done, and are now doing all in their power to prevent disease, and as has been well said, are altruistically devoted to professional suicide, they should at least be permitted to get fees from patients abundantly able to pay.

Another well known man told me that he no longer attended the clinic, and that he had resigned some time ago because he found his pay patients there, and so had to give it up.

A well known surgeon told me that the mother of a little baby upon whom he was to do some hernia repair work, was told by one of the nurses of the Baby Clinic, who called, by the way, at her house unsolicited, that that was not the way it was done in the Baby Clinic, and advised her to bring the baby to the clinic, where a truss would be put on.

I have the names of doctors who can give specific instances of nurse prescribing and changed formulae while the doctor was actually in attendance.

In beginning a letter written to me some months ago, a prominent medical man of this city expressed himself as follows:

In Grand Rapids we have a number of free clinics, a very few of which are being conducted in a correct and ethical manner. The majority are privately supervised by individuals who do not know that they are usurping certain principles strictly within the jurisdiction of the medical profession of the city.

Again he said:

Our hospitals, all three of them, Blodgett, St. Marys and Butterworth, have established clinics, either general out-patient clinics or special clinics, and I feel myself, and from conversations I have had with other men serving on them, that they are not conducted in proper manner because the hospital is receiving benefit for medical service rendered, that really should go to the doctor. When this movement branches out into the community, as it undoubtedly will if something is not done to check it, the inevitable end will be that the doctor will either have to depend upon a small high class pay practice, or else become associated with some free clinic for a menial salary.

The doctor likened the whole thing, in his summary, to a number of small forest fires within a short radius of each other, gradually making headway and approaching each other until they finally flare up into an unmanageable immense menace.

But, why, gentlemen, should we complain? Is it not our own fault? Are not all our troubles from within? Are we not spineless? From my point of view, I think we are. Are we not from a moral standpoint, cowardly? As a witty confrere put it the other day, "We have been made the goats; and we do nothing but bleat. Is it not time that we did a little butting?" Are we willing individually and collectively to stand up and manfully fight for the right? In the end, gentlemen, the public cannot do without us, nor can the free clinics do without us. We, the Kent County Medical Society should see to it that all the clinics of

this city be properly supervised. They should be placed, all of them, under a governing board, and they should be centralized at the three hospitals, and be under the supervision of a paid superintendent who would be strictly accountable to the board of governors.

POLICIES

Gentlemen, I have nearly run my race. At the very best I can only have a few more years of active work, so that it can and does make very little difference to men of my age nor to myself whether these abuses be allowed to continue or not, but to the young and middle aged man it is a vital question, and to my way of thinking, we have it in our own hands. We can take one of two roads. We can drift into state medicine, or each can be his own man.

The drift toward state medicine is very rapid, and I very much fear that unless our publicity methods and the presenting of a solid front to the public by the medical societies do not avail, that a short time will see state medicine an accomplished fact. Do we wish to see our economic standing swept away? You all know what happened in Great Britain. The average man from the standpoint of science, was put in the position practically of a trades apprentice, with less than the emoluments of the master craftsman. The standards of medicine, on the whole, were immeasurably lowered, and today, in self defense, as he could not make a decent living, he has adopted what to all intents and purposes, is trades unionism, to the end that his position has been greatly bettered. Scientific standards have been raised, and he can again make a decent living. The evidence that we are drifting towards state medicine is all around us. Free clinics and hospitals, with full time men conducted them, paid by industrial institutions and labor associations, welfare associations of all kinds, with little regard to whether the patient is able to pay or not, proposals to outfit county hospitals at the expense of the tax payers to be used by said tax payers to obtain cheap or free medical service; this then, gentlemen, is what is going on today, and what is advocated by many medical men. For instance, Dr. Cabot, of the University of Michigan, proposes to develop health centers, governed by the University, manned by salaried professors, and supported, of course, by state funds. In contrast, let me here read to you the resolution which was adopted by the Chicago Medical Society as represented by its council:

WHEREAS, A great deal of confusion having

arisen during recent years as to who should be entitled to free medical and surgical service; and,

WHEREAS, Certain hospitals, lay medical groups and social agencies are organized to treat the sick under the name of charity, irrespective of the ability of the recipients to pay even a reasonable fee; and,

WHEREAS, There seems to have sprung up the idea among social workers that a family receiving as wages or income anything less than \$125 monthly is entitled to free medical service; and, nurses and social workers, who visit the sick,

WHEREAS, We often see in the instructions to "if in your judgment the family is entitled to free medical service . . .," which leaves the decision entirely with the nurse or social worker making the call; and,

WHEREAS, The Chicago Medical Society is anxious and willing to serve without recompense, all those who are in need of free medical service, but in justice to the public who do not desire medical pauperization, we do not believe medical service should be given indiscriminately; and,

WHEREAS, Many flagrant violations of Medical Charity have come to the attention of the Medical Society in recent years, in which hospitals, or social agencies have been a party thereto, mainly through lack of information as to what "Charity" really means; and,

WHEREAS, The Chicago Medical Society should take the initiative in defining medical charity in the sense that physicians shall give their services free to those desiring the same, therefore be it

RESOLVED, That the Chicago Medical Society go on record as favoring free medical service to all individuals or families who are receiving charity of any other kind or description, and be it further

RESOLVED, That we view with alarm the tendency of hospitals and social agencies and health departments to pauperize the public medically by giving free medical service to those who can afford to pay even a reasonable fee; and, be it further

RESOLVED, That any member of the Chicago Medical Society, whether through a hospital, social agency or health department, or as a private physician, who shall aid such institutions in pauperizing the public, may be brought before the Ethical Relations Committee to determine whether or not he has been guilty of unethical conduct, and be it further

RESOLVED, That a copy of this Resolution be forwarded to every hospital, every social agency in Chicago, and to the Health Department, together with a letter calling special attention to the definition of "Medical Charity" as outlined by the Chicago Medical Society.

The authors of this resolution doubtless had in mind the following: "A man who thinks himself hard up and feels that he should have some help,—does he go to the coal dealer, and say, 'Mr. Coal-dealer, I am paying for my home. I want you to send me a couple of tons of coal.' Does he do this? Hardly. He knows that he will have to pay the full price per ton. And so it is with the grocer, the clothier, and the landlord. When it is time for him to pay his taxes, does he go to the tax office and say

that he should have a reduction in his taxes or not pay them at all? He does not. He knows that that would do him no good whatever. He knows that the municipality, if he does not pay his taxes to the last cent, will take from him his property. He can go to the poor master, however, and if found worthy of charity he is given his dole. That dole may be a ton of coal or an order for groceries, and the coal dealer and grocer are paid by city funds, but the doctor, the poor doctor, is supposed and does most generously, at all times, give his services to those whom he feels are in need, without stint and without pay. He does this ungrudgingly and willingly. Now don't you think, gentlemen, that it is high time that the charity organizations realized that it is the doctor who should say to whom he shall give? God knows that he has been charitable in the past, and it seems to me that medical charity can be safely left in his hands, for he is ever merciful, but when organizations ask us to work for the well-to-do for nothing, it is certainly well to call a halt. If the community wishes to sovietize itself, well and good. We should at least stand on the same platform. Certainly the physician should not be singled out as a dispenser of largess to all. This sort of thing must be put to an end, and the public must be made to understand that the physician is the one to decide how much he shall give of his services, and to whom.

But why prolong the argument? He who runs may read. Is there, then, no remedy? Yes, I certainly believe there is. The remedy lies in the solidarity of the profession. We must forget our little petty jealousies. An association of physicians should be formed, within or without, or as an integral part of our society, the members of which should be obedient to the rules and regulations of the said association. In other words, to themselves they should be true. The by-laws and regulations should be those that should govern any association of high minded men in which the golden rule and charity should play a large part. This association should be a protective association, which would see to it that all free clinics and public charities that depends for their existence upon the medical man, are run for the benefit of the poor and not for the well-to-do. The association should see to it that all reputable men in the community be members; that they should formally agree when joining such association, to abide by the By-Laws and rules governing the same, and it should be understood that those who in vital matters, contravene the laws of the association, should be deemed scabs and outlaws in the profession.

I believe, gentlemen, that the time has come when some such plan will have to be tried. The medical man has made the hospital, the free clinics, and all medical charities possible. They are his children. Without him they cannot exist. His should be the authority first and last, to the end that charity should be given the indigent, and that just and fair emoluments be his portion from the well-to-do public.

In closing I suggest that the next meeting of our Society be devoted to a general discussion of this topic, and that such meeting, if possible, be attended by the entire Society.

THE JOURNAL
IS
YOUR FORUM—
WE INVITE YOU
TO UTILIZE
IT FOR THE
EXPRESSION OF
YOUR VIEWS
ON
MEDICAL SUBJECTS

PUBLIC HEALTH ACTIVITIES

Edited By

MICHIGAN DEPARTMENT OF HEALTH

CONFERENCE NOTES

Of interest to practicing physicians as well as public health workers were several of the papers read at the Fifth Annual Conference of Health Officers and Public Health Nurses held in Lansing, November 18, 19 and 20. The conference was conducted as usual under the joint direction of the Michigan Public Health Association and the Michigan Department of Health, with the largest attendance yet recorded,—274 health officers, public health nurses, engineers and laboratory workers.

The opening session was presided over by Dr. Guy L. Kiefer, President of the State Advisory Council of Health.

"The Mouth and Its Relation to Health," was discussed by Dr. Chalmers J. Lyons, Professor of Oral Surgery at the University of Michigan. Dr. Lyons called attention to the fact that it was only 15 years ago that the relation between oral sepsis and pathologic changes in any part of the body other than digestive disturbances was recognized. The marked decline within the 20 years period from 1901 to 1921 in the death rates from tuberculosis and typhoid—diseases which have been the object of organized control efforts—contrasts with the 25 per cent increase in the death rate from circulatory involvements. The influence of low grade infections on present day death rates is being recognized, and the part played by infections of the teeth and their investing tissues appreciated.

Of 8,000 patients recently studied at the University of Michigan dental clinic over 2,400 or 30 per cent gave history of some systemic lesion such as arthritis, heart or kidney involvement. Early recognition of oral sepsis is just as important as early detection of any other disease, the speaker stated.

Dr. Lyons stressed the fact that it is not the teeth that are the important element in this problem, but oral sepsis, with its tremendous waste in health and happiness.

TYPHOID FEVER DISCUSSED

Dr. A. J. Chesley, Health Commissioner of Minnesota, talked on "Epidemiology and Control Measures for Typhoid," discussing the various steps in typhoid control. Emphasis was placed upon the basic necessity

of reports from physicians in a brief, complete and accessible form. To show the encouraging improvement in method of procedure, Dr. Chesley described several early outbreaks of typhoid in Minnesota when "roughneck" epidemiology prevailed and the epidemiologist did everything from surgical operations to janitor work. Contrasted with these early efforts were later epidemics, illustrating the various problems of transmission and control.

DR. DICK ON SCARLET FEVER

"Scarlet Fever" was discussed by Dr. George Dick of Chicago. Dr. Dick first gave the background of the present scarlet fever investigations by discussing the efforts of physicians during the two hundred years since Sydenham first differentiated it from other acute diseases accompanied by rashes. Many methods of inoculation were tried but none were successful and attempts were gradually abandoned.

Development of the science of bacteriology in the latter part of the nineteenth century gave renewed impetus to control efforts, and scientists turned their attention to finding the causative organism. Following the first description of streptococci, these organisms were found in the throats of scarlet fever patients. Later it was demonstrated that it was the hemolytic type which predominates, but its etiologic significance was still in doubt. No one had succeeded in producing scarlet fever experimentally in animals or man with a pure culture of any organism.

"In 1923," said Dr. Dick, "we were able to establish the hemolytic streptococcus as the cause of scarlet fever by a series of human inoculation experiments in which the strain of streptococci used fulfilled the requirements of Koch's law."

Before this, however, anti-streptococcic serum had been employed in attempts at preventive immunization. In 1902, in Vienna, was described the first anti-streptococcus serum for use especially in scarlet fever. The serum was obtained by immunizing horses with living serum-broth cultures of streptococci isolated from the heart's blood of fatal cases.

Since that time, various anti-scarlatinal serums have been employed, gradually fal-

ling into disuse because of lack of specificity and lack of potency in some instances, as well as too frequent and severe serum reaction, caused by the relatively large amounts of unrefined horse serum.

"Following the production of experimental scarlet fever, we were able to show that the hemolytic streptococcus, growing in the throat of the scarlet fever patient, produces there a soluble toxin which is absorbed into the blood stream and carried to all parts of the body. When it reaches the skin it causes the rash which is characteristic of the disease," continued Dr. Dick. After the discovery of the specific toxin and the corresponding antitoxin, it was clear that if some means could be found of supplying antitoxin early in the course of the disease the chances of recovery would be greatly increased.

This led to the production of antitoxic serum, put through the same process of concentration and refinement as is used in diphtheria antitoxin. The final product is standardized against the toxin and the potency is expressed in the number of skin test doses of toxin neutralized by one c.c. of serum.

The antitoxin is put out in prophylactic and therapeutic doses, and the former should be one-half of the latter. When given early and in adequate dosage this concentrated and standardized scarlet fever antitoxin has been found to shorten the course of the disease and reduce the number of complications and sequellae. Dr. Dick emphasized the fact that the antitoxin used as a prophylactic conferred a passive, transient immunity, just as diphtheria antitoxin used with contacts.

Active immunization by hypodermic injections of gradually increasing doses of sterile scarlet fever toxin has been observed at the Durand Hospital for three years, and not one case of scarlet fever has developed among the undergraduate nurses so immunized.

For the prevention of scarlet fever when no epidemic exists, Dr. Dick advocated the skin test, the reaction to be observed between twenty-two and twenty-four hours after the test is made. Persons showing a positive skin test should be actively immunized by injections of graduated doses of the sterile toxin.

In the event of an epidemic, the speaker outlined a more complicated procedure. Skin tests should be made on all contacts and at the same time nose and throat cultures taken on blood agar plates. The skin tests can then be observed at the same time as the cultures. Persons showing negative skin

tests are not immunized and if their nose and throat cultures are negative for hemolytic streptococci, they are not isolated. If the cultures contain hemolytic streptococci, the individuals should be isolated from susceptible persons. If the skin test is positive and the nose and throat cultures negative for hemolytic streptococci and further exposure to scarlet fever patients or to immune carriers can be avoided, the susceptible persons are immunized with toxin.

When the nose and throat culture is positive for hemolytic streptococci a prophylactic dose of antitoxin may be given or one may wait for the development of any symptoms of scarlet fever and then give a therapeutic dose of antitoxin. This passive immunity should be followed by active immunization with the toxin.

UNIVERSITY PRESIDENT SPEAKS

The speaker at the one evening session of the conference was Dr. Clarence Cook Little, president of the University of Michigan. Dr. Little talked "as a human biologist" on the general subject of the rights of childhood, emphasizing the necessity of sane limitation of offspring as the first step in protection.

"It is unchristian to encourage the production of children who will be unwell and unhappy. Our problem is to prevent the mental defectives and children of criminal tendencies from being born. Every child should be guaranteed proper care and protection. We must serve youth first of all."

In discussing methods of sterilization, Dr. Little condemned the use of the X-ray because of the uncertainty and lack of permanence of results. He described the experiments on mice carried on in his own laboratory in which monsters had appeared several generations after X-ray sterilization had been carried out. The danger of using on human beings any method that had not been completely demonstrated by animal experimentation was stressed.

Dr. Little reiterated the fact that civilizations based upon care of the adult were bound to fail, and that childhood was the only enduring foundation upon which to build.

HEALTH RATING OF CITIES DESCRIBED

In a joint discussion of the plan of rating cities on their accomplishments in public health work, Dr. George T. Palmer of the American Child Health Association and Dr. W. J. V. Deacon of the Michigan Department of Health brought out both the background of the plan and its application to Michigan.

Dr. Palmer told of the purpose of the plan,

"to permit accurate expression of health work in common units, since the existence of a common unit makes comparison possible, and comparisons are an antidote for apathy on the part of the public."

The various branches of municipal health activity were assigned definite ratings, a certain number of points out of a possible 1,000. Vital statistics scores 60 points, communicable disease control 175, venereal disease control 50, tuberculosis 100, child health 350, sanitation 175, laboratory 70, and popular health instruction 20.

Dr. Deacon reported upon the rating plan as it has been applied to eleven Michigan cities within the past year. The average rating was 537.4 of the possible 1,000, the scores ranging from 330 to 710. While Dr. Deacon criticized the values assigned to the various items of public health work, it was his opinion that the attempt to get a definite and uniform accounting of activities was of decided benefit.

PUBLIC HEALTH AND PRACTICING PHYSICIANS

Dr. Guy L. Keifer in a paper on "The Health Department and the Practicing Physician" emphasized the necessity of a better understanding between those who are doing public health work and the physician in private practice. Dr. Keifer asserted that all experience goes to prove that public health activities are of direct financial benefit to the medical profession, contrary to the opinion sometimes expressed by objectors. Increased appreciation of the value of medical care is an inevitable product of increased health education of the general public.

DIPHTHERIA PROTECTION FEATURED

Diphtheria protection was given special time and emphasis on the conference program because of the intensive Michigan campaign. Dr. Frederick Sears, District State Health Officer from Syracuse, New York, was the main speaker, reading a paper on "To What Extent can Diphtheria be Eliminated by Means of the Schick Test and Toxin-Antitoxin Mixture?"

Dr. Sears first called attention to the fact that immunity is the foundation upon which practically the whole structure of communicable disease prevention rests. The beginning of the new era in diphtheria prevention came in 1913 with the discovery of the Schick test and toxin-antitoxin.

The technic of the Schick test was discussed at some length. "First, we must have reliable toxin preparations in order to insure the accuracy of the test. Second, careful technic must be observed in order to place a definite amount of toxin-antitoxin

into and not under the skin, and the doses should always be measured and not estimated. Third, the interpretation of the test must be carefully made, giving the individual the benefit of the doubt. Syringes should be accurately graduated and the needles selected as to size and points. Under the above conditions I believe that the test is absolutely reliable."

Omission of the preliminary Schick test was approved by Dr. Sears in the case of rural communities and among English speaking races, where from 85 to 95 per cent of children show a positive Schick reaction. Its use was advocated, however, in dealing with Polish and Italian children because of the racial difference in immunity. In the city of Auburn, New York, the positive Schick reactors among the Polish children were 26 per cent, among the Italian children 36 per cent, and among the English speaking races 82 per cent. The average for all races was 60.5 per cent.

The necessity of giving the completing Schick test from six months to a year after the treatments was particularly stressed by Dr. Sears. Neglect of this not only risks the safety of from 10 to 20 per cent of the children, but also discredits the entire movement.

The city of Auburn was used as an example of the results of general immunization. In 1922 work was begun, the matter being taken up first at the local Medical Society meeting where nearly all of the physicians were Schick tested to demonstrate the simplicity of the test. School authorities, organized groups, and the press were then called in. During that year 58 per cent of the school population were treated, all of these children being given the Schick test and over 90 per cent of those showing positive reactions given the three doses of toxin-antitoxin.

Results were striking. The 42 per cent of the children, those whose parents did not consent to immunization, were used as a control, and records showed that 80 cases of diphtheria and 13 deaths occurred in this group. Among the 58 per cent protected there were but 5 cases of laboratory diphtheria, all but one of which proved to be Vincent's angina occurring in diphtheria carriers. The other case came too soon after toxin-antitoxin treatment for full protection to be secured. There were no deaths.

In 1923 the percentage of those protected was raised to 73, leaving only 27 per cent of the children susceptible. During that year there were, among the 27 per cent, 15 cases of diphtheria resulting in one death, while in the 73 per cent of immunized children

there were only three cases, two of laboratory diphtheria which proved to be Vincent's angina in diphtheria carriers, and one death, the cause of which was questionable.

In 1924 a new campaign secured additional consents and the percentage of treated children was raised to 85. Since that time there has not been a death from diphtheria in the city of Auburn. Proof that the drop in the diphtheria case and death rates was not a natural drop is found in the unchanged incidence of adult cases.

In a few cases it was necessary to give a third series of treatments to secure a negative Schick.

There have been no serious reactions from any treatments.

ROLL CALL SHOWS MICHIGAN SITUATION

A roll call of health officers and public health nurses registered at the conference showed that more than 100,000 Michigan children have been protected against diphtheria with toxin-antitoxin within the past year. Dr. George H. Ramsey of the Michigan Department of Health, conducted the roll call, reading written reports sent in by those who could not be present.

KAHN TEST DISCUSSED

"The Public Health Value of the Kahn Test" was discussed by Dr. R. L. Kahn of the Michigan Department of Health. Dr. Kahn showed the particular need of a reliable blood test to help physicians in their diagnosis of syphilis because this disease, especially in the latent stage, manifests itself in every conceivable condition. He gave a brief survey of the development of the laboratory diagnosis of syphilis from the discovery of spirochete pallidum by Schandinn in 1905 to the present time.

In connection with the Wassermann test, Dr. Kahn discussed its value and its limitations—showing how its complexity and sources of error were an incentive to workers in developing a simpler and, if possible, superior test. He then touched upon the important events in the development of precipitation tests, leading up to his study of the precipitation phenomenon in syphilis in 1921 and the evolution of the Kahn precipitation test.

In calling attention to the recent abandonment of the Wassermann in favor of the Kahn test as the routine diagnostic procedure in the Michigan Department of Health laboratories, Dr. Kahn spoke of the advantages of such a step from a public health point of view. The comparative simplicity and resulting ease of standardization, the directness and rapidity of obtaining results are all in favor of the precipitation test.

The fact that this test does not require unstable animal reagents makes it readily available in any part of the world under any conditions.

PREVALENCE OF DISEASE

	November Report—October 1925	Cases Reported—Nov. 1925	Nov. 1924	Average 5 years
Pneumonia	337	496	244	345
Tuberculosis	353	399	463	418
Typhoid Fever	211	84	92	148
Diphtheria	476	474	565	1214
Whooping Cough	521	564	302	378
Scarlet Fever	667	877	1018	1145
Measles	160	411	403	435
Smallpox	13	20	91	211
Meningitis	12	9	11	10
Poliomyelitis	10	13	94	25
Syphilis	1349	986	1047	804
Gonorrhea	1093	850	763	849
Chaneroid	9	6	13	14

CONSOLIDATED MONTHLY REPORT

Lansing Laboratory, Michigan Department of Health
October, 1925.

	+	—	+-	Total
Throat Swabs for Diphtheria				1367
Diagnosis	40	537		
Release	180	237		
Carrier	6	344		
Virulence Tests	10	13		
Throat Swabs for Hemolytic Streptococci				900
Diagnosis	241	332		
Carrier	68	259		
Throat Swabs for Vincent's	20	547		576
Syphilis				7973
Wassermann	567	2035	38	
Kahn	1005	4257	67	
Darkfield		4		
Examinations for Gonococci	163	1530		1693
B. Tuberculosis				452
Sputum	87	343		
Animal Inoculations	2	20		
Typhoid (Incl. Kalamazoo State Hosp.)				362
Feces	37	191		
Blood Cultures	2	36		
Urine		12		
Widal	16	68		
Dysentery	1	99		100
Intestinal Parasites				27
Transudates and Exudates				338
Blood Examinations (not classified)				474
Urine Examinations (not classified)				340
Water and Sewage Examinations				745
Milk Examinations				78
Toxicological Examinations				15
Autogenous Vaccines				12
Supplementary Examinations				542
Unclassified Examinations				269
Total for the Month				16263
Cumulative Total (Fiscal year)				96521
Decrease from this month last year				5699
Outfits Mailed Out				14298
Media Manufactured, c.c.				383200
Diphtheria Antitoxin Distributed, units				27936000
Toxin-Antitoxin Distributed, c.c.				71150
Typhoid Vaccine Distributed, c.c.				7696
Silver Nitrate Ampules Distributed				5384
Examinations Made by Houghton Laboratory				1336

The Journal

OF THE

Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

PUBLICATION COMMITTEE

R. C. Stone, Chairman.....Battle Creek
A. J. Mac Kenzie.....Port Huron
J. D. Bruce.....Ann Arbor

Editor and Business Manager

FREDERICK C. WARNSHUIS, M. D., D. Sc., F. A. C. S.
Grand Rapids, Michigan

Entered at Grand Rapids, Michigan, Postoffice as second class matter.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 7, 1918.

All communications relative to exchanges, books for review, manuscripts, news, advertising and subscriptions are to be addressed to F. C. Warnshuis, M. D., 4th Floor Powers Theatre Building, Grand Rapids, Michigan.

The Society does not hold itself responsible for opinions expressed in original papers, discussions, communications, or advertisements.

Subscription Price—\$5 per year, in advance

JANUARY, 1926

Report Malpractice Threats Immediately to Doctor F. B. Tibbals, 1212 Kresge Building, Detroit, Michigan.

Editorials

A NEW YEAR

"The want of energy is one of the main reasons why so few persons continue to improve in later years. They have not the will, and do not know the way. They 'never try an experiment' or look up a point of interest for themselves; they make no sacrifices for the sake of knowledge; their minds, like their bodies, at a certain age become fixed. Genius has been defined as 'the power of taking pains'; but hardly anyone keeps his interest in knowledge throughout a whole life. The troubles of a family, the business of making money, the demands of a profession destroy the elasticity of the mind. The waxen tablet of the memory, which was once capable of receiving 'true thoughts and clear impressions,' becomes hard and crowded; there is no room for the accumulations of a long life. The student, as years advance, rather makes an exchange of knowledge than adds to his store."

The above is quoted from Jowett's introduction to his translation of Plato. It seems to us to be a fitting thought for each to mull over as he enters upon a new year—an additional year of life. Should you not

so do that a "fixed" mind be avoided? You can maintain the elasticity of mind if you but purpose it.

Our wish then, that accompanies our Happy New Year greetings to you is that by your intermingling with your fellows this coming year, you will attain an elasticity of mind, fellowship and friendship.

ANNUAL MEETING REFERENDUM

On December 9, a letter and return postcard was mailed to every member requesting him to voice his preference as to the type of program desired for our 1926 Annual Meeting, and also whether he preferred that the meeting be held in the spring or fall of the year. The Council is extremely desirous of providing a program for our Annual Meeting that will appeal to the majority of members and reflect their wishes.

Last year we departed from the customary section meetings and held four general clinical meetings. Many favorable comments were received for that type of meeting, while on the other hand, there were some who expressed dissatisfaction. It was impossible to determine the exact sentiment, hence the referendum vote. If you have not recorded your desires, please fill out and return the postal card in order that the Council may have this vote to guide it in arranging for our 1926 Annual Meeting.

REFERENDUM

To the Members of the Michigan State Medical Society:

Dear Doctor:—

I am directed by the Council to take a Referendum Vote of the members of the Michigan State Medical Society relative to certain features and policies for the holding of our 1926 Annual Meeting, and submit the following proposition with the request that you voice your sentiment on the enclosed postal card which you are requested to promptly mark and return.

Proposition 1. Shall the 1926 Annual Meeting be conducted in so far as the Scientific Program is concerned, as it has been our custom in the past several years, by holding several section meetings during the two days of our Annual Session?

Proposition 2. Shall the Annual Meeting be conducted as far as Scientific Program is concerned, along the lines that were carried out at the Muskegon meeting, September, 1925?

Proposition 3. Shall the Annual Meeting be composed of one day of Section Meetings, and one day of General Meetings?

Proposition 4. Shall the Annual Meeting be held in May or June of 1926, or in the fall of 1926?

As indicated your prompt return of the enclosed card is requested in order that the Council and your Officers may promptly undertake the arrangements for a suitable and satisfactory program for our Annual Session.

Yours very truly,

Secretary-Editor

COUNTY OFFICERS

Many, if not most, of our County Societies have held their Annual Meetings and elected their officers for the coming year. It is to these new officers, and to the members, that we proffer the following suggestions:

Your election to office is not an idle honor. It is not to be presumed that all that is entailed consists of the right of being addressed as Mr. President, or Mr. Secretary. Your acceptance of the office implies that you are willing to assume all the duties that accompany the office and that you are willing to contribute much time, sustained effort and continued thought in order that you may properly acquit yourself of the definite responsibility that you have assumed. If you are unwilling to make such contribution, it will be far better for yourself and for your members to step aside and let someone else take your place. Officers of County Societies are not and must not be figure heads. They are the leaders and directors of organized medical activity in their respective counties. They must think, live and act society work day and night, during their entire term of office. It is theirs to plan, to inaugurate, to direct activity and to enlist and hold the support of all their members. They must inspire, interest and co-operate while at the same time setting a worthy example. Officers should delegate the work to committees and individuals. Having done so, concern yourself with supervising and stimulating committee accomplishments. To retain close contact with your committees means achievement of results.

DUES

Annual membership dues for 1926 are now payable through the Secretary of your County Society. We desire to urge upon each member a prompt payment. Your State Society is achieving much for your personal profit and advancement. It is conserving your interests. It will do so on a more extended scope in 1926. Relieve your local secretary and do not necessitate his assuming the role of collector, by promptly sending him your check. Thanks.

COUNCIL MEETING

The mid-winter session of the Council will be held in Ann Arbor on Thursday, January 14, 1926, in the Michigan Union, for the transaction of such business as may properly come before this executive body.

The first session will be at 12 m., fast time, when the Council meets with the Joint Committee on Public Health Education.

The second session will be held at 2:30 p. m., for the receiving of official reports and the reports of Council committees.

The third session will be held at 6 p. m.,

when the Council meets in conference with representatives of the Medical Department of the University, the Detroit College of Medicine and surgery, the State Board of Registration in Medicine and the State Department of Health.

The fourth session will be at 9 a. m., Friday, January 15, 1926.

J. B. Jackson, Chairman.

F. C. Warnshuis, Secretary.

Editorial Comments

Dr. Wm. S. Reveno, of Detroit, has kindly consented to serve as the Detroit Correspondent of The Journal. The doctor will thus keep our readers informed as to medical activities in Wayne County, while at the same time create a permanent record of medical progress in our largest component unit.

A conference of members of the State Department of Health, Faculties of the Medical Department of the University and the Detroit College of Medicine and Surgery, the State Board of Registration and our Council will be held in the Michigan Union on January 14th. The purpose of the conference is to discuss and enhance inter-related activities.

Probably the greatest cause of all mal-practice claims is the sometimes malicious, but generally thoughtless, unguarded statements made by one professional man as reflecting upon another. Therefore, it is important to be on guard when any patient comes to a member with criticism as to the services rendered by another member of the profession.

It is absolutely human for any man to take pride in his achievements as he makes a success in the practice of his profession in any one or more directions. He is entitled to take pride in his accomplishment, but it is unnecessary for him to discredit a fellow member of the profession for any such reason. Bear in mind the old proverb, "Do unto others as you would have others do unto you," and it will save you and our whole profession much unfavorable publicity and undesirable notoriety.

The traffic in narcotic drugs is a danger to the whole civilized world. There is a steady increasing threat against the welfare of all races and nationalities, of all communities, in every corner of the inhabited earth. In order that you may become rightly enlightened as to this urgent problem we recommend that you read "Opium," an account of the traffic in Narcotic Drugs by John Palmer Gavit, formerly editor of the New York Evening Post.

The recently established Council of Physiotherapy of the A. M. A., will render to the profession a service that will equal that of the Council on Pharmacy. Many extravagant and unreliable claims have been made for certain types of electric machines and lights for therapeutic use. One believed, for he had no way of refuting the claim. With the Council on Physiotherapy's endorsement of a light or electric apparatus one can purchase equipment that is guaranteed to be a therapeutic value.

We direct attention to the reports from our

County Societies. In particular do we commend the activities reported by Kalamazoo, Alpena and Tri-County. Ingham and Genesee reflect sustained activity. These reports demonstrate what can be accomplished. Start your local activity by placing your individual support at the services of your officers.

The art and Practice of Medical Writing compiled and written by Doctors Geo. H. Simmons and Morris Fishbein, Editors of The Journal of the A. M. A. is the most practicable and dependable guide existant upon the subject. Every medical editor will be eager to see its wide dissemination. We urge that you secure a copy and refer to it when compiling an article and have your stenographer use it as a reference guide. It is from the press of the A. M. A.

The 1926 Annual Meeting of the A. M. A. will be held in Dallas, Texas, the week of April 19th. Excellent arrangements are being perfected.

MINUTES OF THE DECEMBER EXECUTIVE COMMITTEE MEETING OF THE COUNCIL OF THE MICHIGAN STATE MEDICAL SOCIETY

1. The Executive Committee of the Council met in its monthly session in Grand Rapids on December 1st. The following members were present: Chairman J. B. Jackson, R. C. Stone, Geo. L. LeFevre, F. C. Warnshuis, and Harvey George Smith.

2. The Secretary called the attention of the Executive Committee to the fact that because of the nature of our last Annual Meeting, no section meetings were held, and consequently no section officers were elected. Under provisions of the Constitution and By-Laws the old section officers hold over until their successors are elected. The problem was presented as to the type of meeting we were to hold in 1926. Inasmuch as the Council was to determine the time and place at its January meeting, it was recommended that an expression be secured from our membership as to their preference.

On Motion of Dr. Corbus, supported by Dr. LeFevre, the Secretary was directed to submit a Referendum to all our members of three plans of meetings.

First, the plan that has been in vogue for many years.

Second, the plan as carried out at the last meeting in Muskegon.

Third, a combination plan wherein there would be general sessions of all the sections on one day, and separate meetings on the second day.

The Secretary was also directed, in the referendum to secure an expression as to whether the meeting should be held in the spring or in the fall.

3. The Secretary presented a financial statement, at the close of business, November 30th, which represented a satisfactory financial condition. The Secretary was also directed to request the Chairman of the Medical Legal Committee to present at the Annual Meeting a certified audit of the funds of the Committee. It was definitely stated that this was solely for the information of the Council and not for general publication and purely as a business policy.

4. The Secretary presented the suggestion of President Darling, that at the time of the Annual Meeting of the Council a joint session should be held with the members of the faculties of the University Medical Department, the Detroit College of Medicine and Surgery, and representatives of the State Board of Registration in Medicine, and

the State Department of Health, for the purpose of discussing inter-allied problems, contacts and activities. The Secretary was directed to arrange for this meeting at 6 o'clock on the evening of January 14, 1926, at the Michigan Union in Ann Arbor. It was determined that the Chairman of the Council should act as Chairman of that joint meeting and that the invitation should be limited to the professors of the two faculties.

5. The Committee, on conference with the Regents of the University to the establishment of a Post-Graduate School, reported progress and stated that a complete report would be submitted at the Annual Meeting of the Council.

6. The Secretary was directed to prepare a budget for 1926 and submit it to each member of the Council at a reasonable time before the Annual Meeting in order that each Councilor might have an opportunity to become familiar with its provisions. The Secretary also stated that he was endeavoring to submit to each member of the Council, before the Annual Meeting, a statement of the financial expenditures for 1925.

7. Dr. Jackson discussed in a general way the possible plans for newspaper publicity that were being considered by his committee and stated that he would present more detailed plans at the Annual Meeting of the Council.

8. The Secretary presented the problem of office records and stated that the system now employed and which had been established some thirteen years ago had served its purpose and that it either should be replaced or a new system installed. On Motion of Dr. LeFevre, supported by Dr. Stone, the Secretary was authorized to install the system that his judgment deemed most efficient.

The meeting adjourned at 9:15 p. m.

Secretary-Editory.

Among Our Letters

NOTE.—This department is the open forum of our members. Your communications and discussions are welcomed. Anonymous communications cannot be accepted, though at times names may be omitted by the Editor. Personalities will not be printed and responsibility for opinions is not assumed. We invite your interest in this department. Address: The Editor, Journal, Michigan State Medical Society, Powers Theatre Bldg., Grand Rapids, Mich.

Editor of The Journal:

I want to commend the fine, altruistic educational work that is being done by these Post-Graduate Conferences.

It, no doubt, is very gratifying to the Councilor Chairman to hear the sincere expressions of satisfaction and appreciation of the "Progressive" doctors attending these Conferences.

Let the excellent work go on.

Chas. G. Morris, M. D.,
Three Rivers, Mich.

Editor of The Journal:

Let me congratulate you on your editorial, "Christmas Greetings," in December number of State Journal. This article carries so much of truth and brotherhood that I cannot refrain from offering you my sincere thanks for same.

Our State Journal has made great improvement

during the past year and through its efforts the Medical profession is moving forward along the whole front. May the good work continue, I am

Yours truly,
C. J. Sutherland.

Editor of The Journal:

As Secretary-Editor of our State Medical Society, I consider you the embodiment of that which is the highest in standing of all Medical Societies, and it is through you, that I thank the body most sincerely for the great honor conferred by electing me unanimously an honorary member, especially honored at this late day "when the shadows begin to lengthen."

I also greatly appreciate that, when you made this official announcement and thank you warmly for your personal remembrance.

Can you realize, doctor, as I look back over a distance of many years, that your worthy father, ("now among the departed spirits on High made Perfect") and myself were inmates in the old VanVleck Hall, Holland, pounding over our Classics.

Sincerely and cordially yours,
A. VanderVeen.

Editor of The Journal:

Referring to the referendum card enclosed I wish to add: That I believe General Scientific Meetings can be made very attractive and more profitable as well, if the conditions under which they are conducted are correctly arranged.

Aside from adequate seating capacity and good ventilation the most urgent need is to eliminate noises, at least such noises as were met with at Muskegon.

The auditorium in which meetings are held might well dispense with the presence of advertising exhibits.

All things considered I am inclined to think that fall meetings are better attended than spring meetings.

Sincerely yours,
C. C. Clancy, M. D.

Editor of The Journal:

Your letter of October 16, informing me that the Executive Committee of the Council approved the preparation of a slip urging diphtheria immunization, and its use as an enclosure with physicians' monthly statements and other mail has been received.

May I call your attention to the enclosed letter to physicians and to the final copy for the slip?

It is possible that this rather unique method of educating the public in disease prevention, suggested by Michigan physicians, has been used elsewhere but if so, I am not aware of it. I believe that the plan is an unusually good way of showing that toxin-antitoxin immunization is generally approved by the medical profession, and that the physicians are, as is so often the case, working to defeat their own ends by eliminating diphtheria from their practice.

I hope that you will be willing to publish this communication and the circular letter in an early issue of The Journal.

Yours very truly,
R. M. Olin, M. D.,
Commissioner.

Editor of The Journal:

Enclosed is a copy of a slip urging diphtheria immunization. The preparation of this slip was

suggested by several physicians who wished to enclose it with their monthly statements and other mail.

The slip and its use in this manner were approved by the Executive Committee of the Council of the State Medical Society at their meeting held on October 15, at Grand Rapids.

Sending out these brief notices will bring to the attention of the public very clearly the fact that toxin-antitoxin immunization is advocated both by their own physicians and by the state health department.

We will be glad to furnish any quantity of the slips you desire without charge.

Are your children protected from diphtheria?

Harmless, but effective toxin-antitoxin treatments can be obtained from your physician.

Help us make diphtheria ancient history in Michigan.

R. M. Olin, M. D.
State Commissioner of Health.

State News Notes

The new addition of 50 beds to Hurley Hospital, Flint, Michigan, is completed and is rapidly being furnished. It will be ready for occupancy in a few weeks.

Doctors Randall, Bird and Max Burnell, of Flint, attended the meeting of the American College of Surgeons in Philadelphia during October. Dr. Burnell was made a member at that time.

Plans are under way for a new addition to the Women's Hospital, Flint, Michigan.

An Orthopedic Clinic has been established in connection with the Flint Public School system for the organization and disposal of such cases.

J. F. Gruber, M. D., of Cadillac, gave a talk before the Mason County Medical Society at the Hospital at Ludington, December 1, 1926.

Election of Tri-County Medical Society officers: H. Joe Smith, M. D., Cadillac, President; S. C. Moore, M. D., Cadillac, Secretary. S. C. Moore was also elected delegate to State Society. W. T. Smith, Alternate.

Paul W. Bloxsum, M. D., a former member of the Tri-County Medical Society and located at Cadillac, has opened an office in Grand Rapids, Mich.

J. F. Corrou, M. D., who has been practicing at Marion, Mich., has taken over the practice of P. W. Bloxsum, M. D., at Cadillac, Mich. The Tri-County Medical Society welcomes Dr. Carrou to Cadillac.

That the Wayne County Society is enjoying one of its successful years is attested to by the excellence of the programs and the large audiences that are always on hand.

On November 16, Dr. Paul Titus, of Pittsburgh, Pa., delivered a most illuminating talk on the treatment of the "Vomiting of Pregnancy."

On November 23rd the Society indulged in its annual Feather Party.

The following week a very practical and instructive paper was read by Doctors Clark D. Brooks, W. R. Clinton and L. B. Ashley, on "Enterostomy and Its Surgical Indications."

December 7, Dr. Frederick M. Allen, of the Physiatrie Institute of Morristown, N. J., opened a new avenue of thought with his discourse on the treatment of pernicious anemia.

The program for December 14 was handled by Dr. Jas. W. Inches, who but recently returned from an extensive trip through Africa with a variety of highly interesting material regarding the dark continent. The evening was enjoyed by all the members.

An Amendment to the Constitution of the Society was adopted recently, changing the weekly meeting night of the Society from Monday to Tuesday. However, the change will not take place until next spring.

The Staff of the Deaconess Hospital has enrolled all of the institution's internes as Resident-Associate members of the Society.

The Detroit Branch of the American Urological Society gave a Pyelogram Clinic at Grace Hospital on November 24, 1925.

The East Side Physicians Association held a very successful social evening for members and their wives on November 19, 1925.

At the annual meeting of the Highland Park Physicians Club the following officers were elected

for the ensuing year: President, G. Van Amber Brown; Vice President, A. A. Defoe; Secretary, H. L. Butler, and Treasurer, E. Holliday.

The North Central Branch of the American Urological Society held its annual meeting at Detroit on December 11th and 12th. Clinics and talks were given at the Detroit College of Medicine and Surgery, at the Book-Cadillac Hotel and the University Hospital at Ann Arbor.

At the annual meeting of the Michigan State Board of Registration in Medicine, held at Lansing, October 14th, 1925, the resolution adopted in 1923 (authorizing a practical clinical examination for all medical graduates at the completion of the hospital interne year) was rescinded. After a thorough consideration of the matter it was decided that the plan was not practical at this time; that it would work a decided hardship upon the students concerned, and that a very slight benefit was to be derived through the said examination.

Dr. Andrew P. Biddle, of Detroit, has been elected Library Commissioner by the Board of Education for a term of six years.

Dr. Emmett Welsh, Grand Rapids, was elected an honorary member of the Kent County Medical Society on December 16th.

OUR SOCIETY BUSINESS AND ACTIVITIES

HARVEY GEORGE SMITH
EXECUTIVE SECRETARY

NOTE: This Department will each month contain a discussion and report of our Society work and planned activities. Your interest and correspondence as to your problems is solicited.

FLINT AND BATTLE CREEK POST-GRADUATE CONFERENCES

The Flint and Battle Creek Post Graduate Conference, held on December 9th and 16th, respectively, produced a winning climax for the series of Conferences held throughout the year. At Flint 102 physicians, coming from six counties, attended the program and at Battle Creek the highest attendance of the year was recorded, there being 121 present. This record attendance alone is sufficient evidence that the programs of the Conferences are valuable. Again, these two conferences were the second ones to be conducted within the respective Councilor Districts. "The proof of the pudding is the plum." The first plum in each conference evidently pleased the members of the County Societies composing the Third and Sixth Councilor Districts and made for the success of the last two conferences.

The following program was presented at Flint:

PROGRAM

10:15—Opening Statements.
H. E. Randall, M. D., Councilor, Ann Arbor.

10:30—Dermatological Clinic.

Udo J. Wile, M. D., Ann Arbor.

11:30—The General Practitioner and the Prostatic Case.

H. W. Plaggemeyer, M. D., Detroit.

12:00—Luncheon.

Informal talks; Dining room, M.E. Church.

1:30—(1) Hemorrhagic Disease of the New Born.
Clifford G. Grulee, M. D., Chicago.

(2) Acute Abdominal Conditions.

Cyrenus G. Darling, M. D., Ann Arbor.

(3) Extra-Abdominal Conditions Presenting Symptoms of Acute Abdominal Disease.

Mark Marshall, M. D., Ann Arbor.

(4) Orthopedic Clinic.

Chas. L. Washburne, M. D., Ann Arbor.

6:00—Dinner. Dining Room, M. E. Church.

(1) Nephritis from the Point of View of the General Practitioner.

Geo. C. Hale, M. D., London, Ont.

(2) Clinical Types of Gall Bladder Disease.
R. S. Corbett, F.R.C.S., London, Eng.

The following program was presented at Battle Creek:

PROGRAM

10:15—Opening Statements.

R. C. Stone, M. D., Councilor, Chairman.

10:30—The New Born.

T. D. Gordon, M. D., Grand Rapids.

- 11:00—Diseases of the Liver.
Plinn F. Morse, M. D., Detroit.
- 11:30—Pernicious Anemia.
Phil Marsh, M. D., Ann Arbor.
- 12:00—Lunch.
Speakers: Harvey George Smith, Executive Secretary, A. L. Miller, Editor, Battle Creek Tribune.
- 1:30—Orthopedic Examinations and Corrective Measures. F. C. Kidner, M. D., Detroit.
- 2:30—Feeding the Normal Infant.
T. D. Gordon, M. D., Grand Rapids.
- 2:30—Blood Vessels and Blood Vessel Accidents.
Plinn F. Morse, M. D., Detroit.
- 3:00—The Management of Fractures.
F. C. Kidner, M. D., Detroit.
- 3:30—Prenatal Care.
Geo. A. Kamperman, M. D., Detroit.
- 4:00—Hyperthyroidism.
Phil Marsh, M. D., Ann Arbor.
- 4:30—Modern Obstetrics.
Geo. A. Kamperman, M. D., Detroit.

HISTORY THROUGH REPORTS

At no time in the history of the Michigan State Medical Society and its component units has a better record been established by the Secretaries in reporting activities to the parent organization than during the year 1925. A comparative study of reports for the years 1924 and 1925 justifies this conclusion. During 1925, 31 Secretaries reported County Society activities one or more times to the State Journal, while the previous year only 20 Societies reported. Ninety reports were printed by the State Journal during 1925 and only 56 during 1924. The resume of reports as found in the Journal is as follows:

	1924	1925
Alpena .....	....	8
Barry .....	....	1
Bay	1	3
Berrien	2	1
Branch .....	....	2
Calhoun	5	3
Clinton	1	3
Eaton .....	....	1
Genesee	5	4
Gogebic	1	5
Gratiot, Isabella-Clare	4	4
Hillsdale	3	3
Houghton	9	11
Ingham	3	3
Ionia-Montcalm	6	5
Jackson	1	3
Kalamazoo Academy	1	2
Kent	1	1
Lapeer .....	....	1
Lenawee .....	....	1
Marquette-Alger .....	....	1
Mecosta .....	....	1
Muskegon .....	....	5
Monroe	1	....
Newaygo	1	1
Oakland .....	....	6
Sanilac	1	....
St. Clair	2	1
St. Joseph	1	....
Shiawassee .....	....	1
Tri County .....	....	1
Tuscola .....	....	1
Washtenaw	1	1
Wayne .....	....	6

The honors for reporting go to the Houghton County Medical Society, of the Northern Peninsula. Alpena runs a close second and Oakland and Wayne are tied for third place. The secretaries of these societies are to be especially congratulated for giving such complete records to the State Society.

This record is 50 per cent better than that of 1925. But even it, does not represent a complete account of what has been accomplished in each Society. Twenty-two Societies have not been heard from at all. The average report for each Society is less than two. It is agreed that this is not a very complete history of County Medical Society activities. It represents approximately 10 per cent of the possibilities.

For the year 1926 practically each County Society will have adopted a Minimum Program of Activity for County Medical Societies. This will mean that no less than 540 scientific meetings will be held during the coming year. It will mean that there is opportunity for the Secretaries to report 540 times to the State Journal.

While the Secretaries of 1925 have established a worthy record, the Secretaries of 1926 are urged to smash it by line plunges or by any combination of scribe, reporter, committee that will record a complete history of all the activities of the County Medical Societies for the New Year.

SKEPTICISM VERSUS ACCOMPLISHMENT

When the Michigan State Medical Society initiated a program of extension education in the form of Post-Graduate Conferences, the majority of the members of the Society looked with skepticism as to its value and possible results. Even the Council of the State organization had some fears for the outcome. Now that a year of trial in the new activity has come to an end even the most skeptical have become ardent supporters and propagandists. Unanimously it is now heard, "This is the biggest worth while piece of work that has ever been attempted by the State Society. I have gotten the value of my dues in attending one Conference." Others say, "I have received more from one of these conferences than from a State Meeting," or, "Years have passed since I have heard such an excellent group of speakers and gotten just what I need in my practice."

In these days of achievement, words alone are not the measure of accomplishment and success. To add undisputed facts and proof the following data is presented: Twenty-four Conferences have been held with an attendance of 1,596 physicians. Each Councilor District had one or more Conferences

during the year. In addition to the scientific programs for the doctors, 6,400 high school students representing 10 high schools were addressed, 715 members of 10 noon-day luncheons clubs and 3,000 laymen at 10 public meetings. Thirty daily and weekly newspapers gave publicity by writing from two to six articles during the week that the Post Graduate Conference was being held for each District. A total of approximately one hundred thirty articles were written by these newspapers.

The following is the detail of the Post-Graduate Conferences held, the first of which was conducted at Traverse City and the last at Battle Creek:

District Number	City	Attendance
1	Pontiac	75
2	Jackson	120
3	Sturgis	84
	Battle Creek	121
4	Niles	82
	Benton Harbor (with State T. B. Society)	50
5	Grand Rapids	80
6	Owosso	45
	Flint	102
7	Port Huron	60
	Port Huron	60
8	Saginaw	80
9	Traverse City	60
	Cadillac	60
10	Bay City	110
11	Muskegon	65
12	Escanaba	40
	Marquette	45
	Houghton	55
	Sioux St. Marie	18
	Ironwood	60
13	Alpena	40
	Petoskey	45
14	Adrian	40
	Total	1596.

Success, we say, has been achieved. But it has not come by chance, "as the wind wafteth the feather hither and yon." The result is due to a well planned program, the harmonious work of the Council, the Chairman of the Post-Graduate Conferences, each Councilor individually, the County Society Officers, laymen and editors, and the members of the County and State Medical Societies. To these officers, individuals and organizations, credit is due for the desire to help, to co-operate to make toward success. Each has had his part and each has done well. But all these could not have made the Conferences. All these individuals while an absolutely essential part of the success, were in the background quietly at work. The final approval was secured by the speakers. In only one instance during the conduct of the 24 programs was one absent and that for good reason. One hundred or more men, mostly from Michigan, but

also from Chicago, Wisconsin and Canada, gave of their valuable time to help their fellows and to make the Conferences successful. Special thanks are extended to the Speakers by the State Society in behalf of all those who have attended the Post Graduate Conferences.

This, then, is the result for 1925 in Post-Graduate accomplishment.

GREETINGS AND RESPONSIBILITIES

New Years Greetings and Good Wishes are extended to the newly elected or re-elected officers, to the newly appointed committees or reappointed committees and to the members of the County Medical Societies by the State Society. Upon the officers and committees fall the responsibilities of directing the organizations which alone represent the medical profession and the Science of Medicine throughout the state. What is to be accomplished during the New Year will be due in large measure to the interest, the enthusiasm, the foresight, and the tact of the chosen representatives in making the various organizations, harmonious units, friendly units, and active units in organized medicine. Every officer and committee-man occupies a position of trust. His duty and privilege is to fulfill the obligations of his office to the membership which he represents. The membership in any activity cannot rest upon idle oars, "to be wafted here and there as the wind bloweth," Membership in any County Medical Society is no listless honor. It has a two fold basis, one to receive and one to give. To receive for the improvement of self, the profession and the Science of Medicine, and to give, for exactly the same reasons. This idea is not inclusive of philanthropy for philanthropy is usually unwisely directed. It is to advance and to make progress in the Science of Medicine for the benefit of the profession. With such advances follow surely service to humanity throughout the state.

Officers, Committeemen and members accept our wishes. The interest of your State Society is with you from the beginning to the end of the New Year.

County Society News

GENESEE CO.

The Genesee County Medical Society on October 28th, 1925, closed one of the most successful years in its history. Eighteen regular monthly meetings were held. Eighteen outside speakers presented cases, gave talks, or read papers, on eighteen different subjects covering practically every branch of the profession. The subjects were all discussed very ably and practically, as well as scientifically, and constituted a very excellent post-graduate

course for the members of the Society. There was a seventy-five per cent average attendance throughout the year. The meetings were all of the noon luncheon type.

Throughout the year publicity was given to various medical subjects by medium of the Speaker's Bureau. This bureau consists of various members of the Genesee County Medical Society who volunteer their services as speakers to such organizations as Parent-Teachers' Association, the schools, and the various luncheon clubs.

The Minimum Program for County Medical Societies was unanimously adopted by this Society, although the suggestions contained in it have been the policies of the Genesee County Medical Society for some time.

I wish to express at this time the appreciation of the Genesee County Medical Society for the excellent service the State Society has given during the past through the medium of The Journal and the very efficient Executive Secretary.

Genesee County Medical Society met for noon luncheon at the Hotel Dresden, June 24, 1925. Dr. G. VanAmber Brown, Detroit, Mich., spoke on the subject, "Appendicitis in Children."

Genesee County Medical Society met for noon luncheon at the Hotel Dresden, September 23, 1925. Mr. R. Corbett, F. R. C. S., London, England, spoke on the subject, "Life of John Hunter."

Genesee County Medical Society met for noon luncheon at the Hotel Dresden, October 14, 1925. Dr. Darling, Grace Hospital, Detroit, Mich., spoke on the subject, "Podalic Version."

Genesee County Medical Society met for noon luncheon at the Hotel Dresden, October 28, 1925. Dr. Carl McClelland, Grace Hospital Staff, Detroit, Mich., spoke on the subject, "Diagnosis of Vincents Angina, Diphtheria and Tonsillitis."

Genesee County Medical Society met for noon luncheon at the Hotel Dresden, November 11, 1925. Dr. Pritchard, Battle Creek Sanatorium, Battle Creek, Mich., spoke on the subject, "Bronchiectasis."

Genesee County Medical Society met for noon luncheon at the Hotel Dresden, November 28, 1925. Dr. Plinn Morse, Harper Hospital, Detroit, Mich., spoke on the subject, "Splenomegaly."

The annual election of officers of the Genesee County Medical Society for the years 1925-1926, was held at the Hotel Dresden, October 28, 1925, with the following results:

President, Dr. Frank Reeder; Vice President, Dr. William H. Marshall; Secretary, Dr. George J. Curry; Treasurer, Dr. George Goering; Medico-Legal Officer, Dr. Charles H. O'Neil; Delegates, Doctors H. Stewart, H. Cook, C. Moll; Alternate Delegates, Doctors M. S. Knapp, John Benson, J. G. R. Manwaring.

Geo. J. Curry, Secretary.

KALAMAZOO CO.

At the Annual Meeting of the Kalamazoo Academy of Medicine held December 15, 1925, the following officers were elected for the ensuing year:

President, Rush McNair; 1st Vice President, O. D. Hudnutt; 2nd Vice President, W. P. Bope; 3rd Vice President, C. A. Youngs; Treasurer, Don C. Rockwell; Librarian, R. J. Hubbell; Censors, L. H. Stewart and W. G. Hoebeke; Delegates to the State Society, L. J. Crum, W. E. Collins and C. E. Boys; Alternates, A. E. West, W. R. Vaughn and H. F. Becker.

W. E. Shackleton, Secretary.

A Clinical Program of the Kalamazoo Academy

of Medicine was held Tuesday, December 15th, 1925, at Old Borgess Hospital, 8 a. m. to 1 p. m.

Medical—"Three Cases of Nephritis," Dr. A. S. Youngs; "Diabetes," Dr. L. H. Stewart; "Non-Surgical Causes of Abdominal Pain," Dr. A. W. Crane; "Metastatic Cancer of the Bones," Dr. J. B. Jackson.

Eye, Ear, Nose and Throat—"Operation of 5 cases of Tonsils and Adenoids," Dr. C. B. Fulkerson, (beginning at 8 a. m.); "Review of Mastoid Cases," Dr. D. C. Rockwell.

Pediatrics—Dr. Ward Collins, Dr. D. E. Squires. Tuberculosis—"Diagnosis," Dr. R. D. Thompson; "Pathology and Treatment," Doctors B. A. Shepard and W. G. Hoebeke.

Obstetrics—"Discussion of Eclampsia," Dr. Frederick Shillito; "Placenta Praevia," Dr. C. L. Bennett.

Surgery—"Diathermy in Cancer of the Cervix," Dr. W. E. Shackleton; "Kidney Tumor," Dr. R. U. Adams; "Abdominal Tumor," Dr. W. C. Huyser; "Appendicitis in Children—Show Cases," Dr. L. J. Crum; "Treatment of Burns—Presentation of Cases," Dr. A. E. Pullon; "Goitre, and Presentation of Case, and Result Plastic for Burns," Dr. C. E. Boys.

This is a tentative program—other numbers may be added. Definite hours and cases will be posted at the Hospital at 8 o'clock, Tuesday morning.

The program of the Annual Meeting and ladies' night, Tuesday, December 15, 1925.

8:00 a. m.—Clinics at Old Borgess Hospital.

The Clinical Program Committee has made arrangements to entertain you the entire morning. Medical, Surgical, Special. Three ring, continuous performance.

1:30 p. m.—Program at the Academy Rooms in the Public Library.

1. Business Meeting and Election of Officers.
2. The President's Address, S. R. Light, Kalamazoo, "The Present Status of Therapy of Ovarian Products."
3. "The Bacteriophage of d'Herelle and Its Relation to Clinical Medicine," by Philip Handley, Prof. Bacteriology, University of Michigan.

6:30 p. m.—Dinner at the Upjohn Company (Informal).

Entrance north side of the new building on Taylor Street.

1. Address of Welcome by Mr. Harold Upjohn.
2. "What Doctors Should Know," by J. W. Dunning, D. D.
3. "The Art of Medicine," by Irving S. Cutter, Dean Northwestern University Medical School.

This is an all day program. Bring your wives and let them do their Christmas shopping while you get some of the newer things in medicine. Make your appointment to meet her before 6:30 p. m. (fast time) for then we are to be guests of the Upjohn company for dinner.

The dinner and evening program has been arranged with definite view of entertaining the ladies. Do not disappoint them.

If it should be necessary to reach you at any of the meetings, the telephone numbers are: Old Borgess Hospital—4530; The Academy Rooms—2619; The Upjohn company—3760.

SECRETARY'S REPORT, NOVEMBER MEETING

The regular monthly meeting of the Kalamazoo Academy of Medicine was held in Bowen Hall, Kalamazoo College, Tuesday, November 17, 1925

at 6 p. m. with an attendance of 63 at the dinner. After the dinner there was a brief address of welcome by Dr. Allan Hoben, President of the College.

The minutes of the October meeting were approved as published in the Bulletin.

Dr. J. Hosea Barnebee was unanimously elected to membership in the Society.

An invitation was extended by the Upjohn company to members and friends of the Academy and their wives to be guests of the company at the annual meeting in December.

A motion made by Dr. Jackson that the invitation be accepted was unanimously carried.

Communications were read from the St. Joseph County Medical Society, South Bend, Ind. and from Helen J. McKain.

Committees appointed by the President introduced the following resolutions which were approved by the Society, therefore be it

RESOLVED, by the Kalamazoo Academy of Medicine, That in the death of Dr. Charles H. McKain, the Academy of Medicine has lost one of its founders, a loyal, faithful member, a learned and able physician and surgeon; a man who in a near half century of professional work, personified the ethics, the efficiency and human service of the ideal practitioner.

Rush McNair,
Herman Ostrander,
David Squires.

A RESOLUTION

WHEREAS, George F. Young of South Haven, who for years has been one of the prominent physicians of the Kalamazoo Academy of Medicine, was removed by death on November 13, 1925, be it

RESOLVED, that as a Society we deeply lament the death of our dear friend and co-worker and tender our heartfelt sympathy to the family who mourn his loss;

That, as a mark of respect, this action be published in the Bulletin, and that copies be furnished the Journals of the Michigan State Medical Society and the American Medical Association;

That the Secretary of our Society be instructed to present a copy of these resolutions to Mrs. George F. Young.

Walter den Bleyker,
F. C. Penoyar,
N. L. Goodrich.

TREASURER'S REPORT FOR 1925

Receipts		
Cash on hand Dec. 1, 1924.....	\$ 457.75	
1925 Dues	1,913.00	
Total Receipts	2,370.75	
Disbursements		
State Society Dues	\$1,155.00	
Guests	102.30	
Bulletins	148.50	
Postage and Stationery	157.89	
Telephone and Telegrams.....	81.91	
Light	6.98	
Flowers	15.00	
Insurance	7.20	
Stenographer	32.50	
Auditing for 1924	12.00	
Miscellaneous	96.20	

Cash on hand, Dec. 1, 1925.....\$ 555.27 \$2,370.75

REPORT OF THE EXECUTIVE COMMITTEE

The Executive Committee has held several meet-

ings during the year with reference to the conduct of routine affairs of the Academy.

The Committee also met with representatives of other societies of our Councilor district to hear Mr. Harvey George Smith, the executive Secretary of the State Society, present the plan for a minimum program for county medical societies, and this matter has been under discussion by the Committee. It is our feeling that practically all of the features of the suggested minimum program are being carried out by the Kalamazoo Academy of Medicine. Those special features of the minimum program which have not as yet been put into active operation in our Society will be put into effect as soon as practical methods can be found.

The matter of providing equipment for serving meals in the Academy rooms and such changes as may be necessary to make these feasible was referred to the Executive Committee with power to act. It is estimated that the total expense of doing this will be approximately \$1,000.00, though it has been impossible to arrive at the exact figures at this time. There is a possibility that the expense of this to the Academy can be much reduced. It would be impossible to complete this work during the present fiscal year and therefore it must be turned over to the new administration. It is the sense of the present Executive Committee that the proposal is good and should be carried out.

S. R. Light, President.

PROGRAM COMMITTEE REPORT

Your present program committee did not make any radical changes in the established customs excepting that during the first part of the year dinners were served in the Academy Rooms, and immediately following these dinners we had speakers who were eminent in their various professions, address the Academy on subjects related to medicine.

In this capacity we were honored by Dr. Allan Hoben, President of Kalamazoo College; Lemuel F. Smith, Professor of Chemistry of Kalamazoo College; Professor George Sprau, Professor of English at the Western State Normal School, and Dr. Smith Burnham, Professor of History at Western State Normal.

The scientific program has been filled largely by men from other cities with members of the Academy taking active part in the discussion of these papers. The subjects presented and the essayists are as follows:

Case Reports, "Septic Arthritis Hip," Dr. J. B. Jackson; "Nasal Sinus Diseases in General Practice," Dr. Charles B. Younger of Chicago; "Lung Infection with Special Reference to Lung Abscesses and Gangrene," (illustrated by lantern slides), Dr. David J. Davis, Professor of Pathology, University of Illinois; "Neurological Diagnosis," (illustrated by moving pictures), Dr. Lewis J. Pollock, Professor of Neurology, Northwestern University; "Some Problems in Neurologic Surgery," Dr. Loyal E. Davis, Professor of Neuro-Surgery, Northwestern University; "Microbe Respiration, Particularly as to the Tubercle Bacillus" (illustrated by lantern slides), Dr. Frederick E. Novy, Professor of Bacteriology, University of Michigan; "Cardiac Arrhythmia, Their Differentiation and Prognostic Significance," Dr. S. R. Slaymaker, Professor of Medicine, University of Chicago; "Pulmonary Symptoms and Signs of Thoracic Aneurysm," Dr. Wm. Marshall, Flint, Michigan; "Abdominal Tuberculosis," Dr. Lafon Jones, Flint, Michigan; "Discussion of Sanocrysin," Dr. Douglas F. Bruce Northville, Michigan; "Tuberculosis of the Kidney," Dr. James E. Davis, Detroit,

Michigan; "Thoracic Surgery," Dr. Frederick Collier, Assistant Professor of Surgery, Ann Arbor, Michigan; "Radiation Therapy," Dr. Wm. A. Evans, Detroit; "Sterility and Some of Its Problems," Dr. W. A. Coventry, of Duluth; "Recent Experiences in European Clinics," "Medical Aspect," Dr. L. H. Stewart of Kalamazoo, "Surgical Aspect," Dr. J. H. VanNess of Allegan; "The Method of Action of Some So-Called Specific Drugs," Dr. Joseph L. Miller, Rush Medical College; "Skin Grafting," Dr. Ferris Smith of Grand Rapids.

Dr. Wm. E. Praeger, "Extinct Species of Men," (illustrated); "Recent Evidence of the Constitution of Matter," Dr. J. W. Hornbeck, Professor of Physics at Kalamazoo College.

All of the meetings have been held at the Academy excepting the March and November meetings. The March meeting was held at the State Hospital, a neurological clinic being conducted in the afternoon by Dr. David J. Davis and Dr. Lewis J. Pollock of Chicago. Dinner was served at the Hospital followed by scientific papers by these two doctors.

The November meeting, through the invitation of the faculty of Kalamazoo College was held in Bowen Hall, dinner being served at 6:30 and a scientific program immediately following. The May meeting was a joint meeting of the Michigan State Trudeau Society with the Academy.

G. F. Inch.

REPORT OF THE SOCIAL FUNCTION COMMITTEE

A great deal of interest has been shown in the social and fraternal side of the Academy's activities during the past year, and it is the opinion of the committee that this phase has proven very beneficial to the welfare of the membership in increasing a feeling of good fellowship and friendliness and in securing a better attendance at the meetings.

It has been found that the membership almost unanimously favor the policy of having dinners precede the scientific program, and to hold these dinners in the Academy Rooms. This was the suggestion of our President at the beginning of the year and this policy has been followed out when possible. The Committee has had the best co-operation of the officers and members and thanks is due them. Especially thanks is due the Upjohn company for the loan of dishes, silverware, table linen, etc. Also to Harry E. Davisson of the Blue Bird Cafe for services rendered.

The lack of necessary equipment and conveniences in the Assembly Rooms has been a serious handicap, and to overcome this a movement is now under way to install a steam table, the necessary plumbing and to secure the needed paraphernalia to make it possible to have dinners so that they can be served in the Academy Rooms as conveniently and efficiently as elsewhere.

Many of these dinners have been followed by inspiring speakers among the city's influential men, from the College and Normal on subjects of general interest rather than purely pertaining to medicine. This seemed to be a happy introduction to the scientific program which followed.

A most enjoyable program was recently given by members of the faculty of Kalamazoo College the program and dinner being held in the College dining hall. Sixty-three were at the tables and listened to the instructive program. Every one present feels grateful to the College for the magnificent entertainment presented.

It has been the aim to stimulate the feeling of

good fellowship among the members and we feel that with the added improvements now under way the attendance and interest will be materially increased.

Committee,

Sherman Gregg,
Arthur E. West,
D. E. Squires.

HILLSDALE CO.

The joint meeting of the County Medical Societies of Branch and Hillsdale Counties and the Dentists of the same counties was held in K. P. Hall, Hillsdale, on Friday, December 4, at 6:30 p. m.

After a splendid dinner served by the Pythian leaders, and the reading of the minutes, the Vice President, Dr. H. C. Miller, introduced the speaker of the evening, Dr. U. G. Rickert, M. A., D. D. S., Professor of Hygiene and Physiological Chemistry Dental College of the University of Michigan, who addressed the meeting on "Some Infections of Interest in Medicine and Dentistry."

Dr. Rickert discussed as fully as possible the immense importance of diseases of the teeth and oral cavity in their effects upon the general system. He alluded to pyorrhea, dead pulps and dental caries as among the most dangerous forms of disease in their influence in establishing new foci of disease in distant organs and tissues of the body. He pointed out that even vital pulps if inflamed may be the focal point of a secondary infection.

While discussing the salient points of this important group of diseases he did not fail to admit and deplore the inadequacy of our present knowledge of this vast subject and urged Dentists and Physicians to work together to throw light into the dark places therein. Dr. Rickert's address was most scientific and scholarly and was listened to with the closest attention by all present.

Discussion followed by Doctors Sawyer, McLain, Wade and others.

In closing, Dr. Rickert made an earnest plea for a closer team work between the Professions of Dentistry and Medicine.

At the close of the meeting, Dr. Rickert was given a rising vote of thanks for his valuable and illuminating address.

It is most unfortunate that the bad weather prevented so many from being present.

Adjourned.

D. W. Fenton, Secretary-Treasurer.

MUSKEGON CO.

The annual meeting of the Muskegon County Medical Society was held at the Occidental Hotel, Friday evening, December 11th, 1925. After a good dinner the members repaired to a meeting room, where the meeting was called to order by the President, Dr. R. I. Busard. The regular order of business was followed. Among other business was considered the Tulsa plan of advertising, and it was decided to carry ads. in 26 issues of the Muskegon Daily Chronicle.

The minimum schedule as suggested by the Secretary of the State Society, was adopted and left to the new officers to carry out.

Following the completion of business, officers for the next year were elected as follows:

President, Dr. Eugene S. Thornton; Vice President, Dr. Charles B. Fleishman; Secretary-Treasurer, Dr. Pitt S. Wilson; Medico-Legal Advisor, George L. LeFevre; Delegate to State Society, Dr. Frank W. Garber, Sr.; Alternate, Dr. E. L. Kniskern.

P. S. Wilson, Secretary.

INGHAM CO.

Annual meeting for the year 1925 at the Hotel Downey, Friday, December 4, 1925 at 4 p. m. with 35 men present.

The meeting was called to order by the President, Dr. Wright.

The following Committees reported:

Executive—No report.

Program—Dr. Rockwell as Chairman, gave a short resume of the year's work.

Medico-Legal—Dr. Bartholomew, as Chairman, gave a short report on certain communications with the State Board of Medical Registration.

Legislative—Dr. Davey, as Chairman, reported very favorable progress.

Public Health—No report.

Welfare—No report.

Ethics—No report.

Advisory—No report.

Library—Dr. McIntyre, as Chairman, reported on the new volumes present in the library and also that the librarian had reported that only one member of the County Society had used the library during the year.

Entertainment—Dr. Haze, as Chairman, gave a brief resume of the social activities of the Society during the year.

Publicity—Dr. McIntyre, as Chairman, reported that the Committee had decided on no newspaper publicity for the present.

All Committee reports were accepted.

A motion was made by Dr. McIntyre that proper resolutions be drawn up by the Society, petitioning the State Society to go on record as not being in favor of the degree of D.P.H. being given anyone except as a post-graduate degree to one holding a medical degree. Supported by Dr. Haze. Carried.

Committee for this resolution—McIntyre, Chairman; Crissey, Osborn.

The report of the Secretary-Treasurer for the year 1925 was given and accepted. The report as follows:

ANNUAL REPORT FOR THE YEAR 1925 OF THE SECRETARY-TREASURER OF THE INGHAM COUNTY MEDICAL SOCIETY

At the present date there are 96 members in good standing in the Ingham County Medical Society, not including the life member, Dr. Anna Ballard. All but ten of these members are residents of Lansing or East Lansing. There is one in Charlotte, one in Holt, four in Mason, one in Williamston, one in Fowlerville, one in Grand Ledge and one in Daytona, Florida.

No deaths occurred among the members in the year 1925.

There were two men dropped from the roll during 1925 for non-payment of dues.

There were four men elected to membership during the year, and one transferred from Washtenaw County to this Society.

There were five Scientific Meetings held during the year with an average attendance of 41.

There were six noon luncheons held with an average attendance of 43. The average attendance for all meetings was 42.

On April 24, 1925, the largest Scientific Meeting in the history of the County Society was held. Dr. George W. Crile was the speaker of the occasion and 200 men were present, representing nine counties.

On February 19, 1925, the District Post-Graduate Conference was held in Jackson with 40 men from this county attending.

Important business transacted by the Society during the year was as follows:

An active part was taken by the members in defeating the Chiropractic Legislation.

Refusal to subscribe to the Gorgas Memorial Fund until more definite information could be obtained regarding the activities of this organization.

Co-operation of the Society with the American Red Cross Organization in Disaster Relief Work.

Invitation to the State Society to meet in Lansing in 1926.

Refusal to accept the A.M.A. standard automobile insignia as the standard for this Society.

Acceptance of the State Society's minimum program outline with a few amendments.

Endorsement by the Society of the principles of the Lansing Welfare Fund.

FINANCIAL REPORT

Dues collected from 92 members.

Delinquent in payment of 1925 dues, 4.

State Society assessment paid for 92 members.

A motion was made by Dr. Milton Shaw that the Secretary of our Society extend an invitation to the State Society to hold their meeting in Lansing in 1926, and all previous actions on this question be rescinded.

Supported by Dr. Weinburgh. Carried.

ELECTION OF OFFICERS FOR 1926

A motion was made by Dr. McIntyre that the Secretary be instructed to cast a unanimous ballot for Dr. Fred L. Seger for President. Supported. Carried.

A motion was made by Dr. Haze that the Secretary be instructed to cast a unanimous ballot for Dr. Harry Bartholomew for Vice President. Supported. Carried.

Nominations for Secretary-Treasurer, Dr. C. F. DeVries, nominated by Dr. French.

A motion was made by Dr. Christian that the nominations be closed and the Secretary be instructed to cast a unanimous ballot for Dr. DeVries for Secretary-Treasurer. Supported. Carried.

Nominations for Delegates to the State Meeting. Dr. Davy and Dr. Osborn.

A motion was made by Dr. Weinburgh that the nominations be closed and the Secretary be instructed to cast a unanimous ballot for Doctors Davey and Osborn as delegates. Supported. Carried.

Nominations for Alternate Delegates—Dr. Wight and Dr. Bruegal.

A motion was made by Dr. Holm that the nominations be closed and the Secretary be instructed to cast a unanimous ballot for Doctors Wight and Bruegal as Alternate Delegates. Supported. Carried.

Dr. M. L. Holm was unanimously elected Medico-Legal member.

Adjournment.

Horace L. French, Secretary.

Below is the Treasurer's Report for the year 1925 as submitted to me by Dr. French. Due to the delinquency of some members he was unable to make a complete report at the annual meeting and I am taking this means of notifying the members individually. The expenses of the annual meeting must be subtracted from the balance but we will still have a fair balance on hand.

ANNUAL FINANCIAL REPORT FOR YEAR 1925, A. D. December 5, 1925

Receipts

Balance received from Dr. Wershow..... \$ 273.44

Annual Dues	1,810.00
Automobile Insignia	5.00
Balance from Crile Banquet	14.00
Picnic Assessment	29.00
From Dr. Drolette (guests at banquet)	4.00
Total	\$2,135.44
Disbursements	\$ 915.00
Dues to State Society	193.62
Administrative Expense	228.85
Annual Banquet, 1924	104.19
Printing	47.20
Annual Picnic	23.00
Flowers	10.00
Refund of dues to Dr. Murphy	
Total	\$1,521.86
Total Receipts	\$2,135.44
Total Disbursements	1,521.86
Balance on Hand	613.58

Horace L. French,
Secretary-Treasurer, Year 1925.

Let me urge each member to pay his dues promptly so that the work of the Society may be facilitated.

Sincerely,
C. F. DeVries, Secretary.

ALPENA COUNTY

The regular meeting of the Alpena Medical Society was held Thursday, November 19, at the new Alpena House. The physicians each brought a professional friend to hear the address of Charles Doyle of Detroit, "How and What to Eat for Efficiency, and Why." The speaker advocated a restricted diet, consisting mainly of fruits, nuts, cereals and vegetables. The ministers, lawyers and other friends present entered vigorously into the discussion, and each took home something of value from the discussion.

Dr. W. A. Secrist, a greatly esteemed medical practitioner of Alpena for 38 years, died November 19, at his home in Alpena.

The Regular meeting of the Alpena Medical Society was held at Racetts December 17th. The following physicians partook of the bounteous dinner: Bell, Cameron, Foley, Jackson, Newton, Bertram, Sahs, O'Donnell, Williams, Purdy, McKimon, and Lister. Doctors Purdy, Lister and Miller were the hosts.

President Bell reported as follows for the years' work of 1925.

Number of scientific meetings, 12. Average attendance, 47. One picnic with wives. Two meetings addressed by laymen. Participation of Medical Society in Cameron Day celebration, in which fifteen thousand paid their respects to Dr. Cameron on his completion of 40 years of active practice. Six public meetings addressed by members of the Society with a total hearing of 15,000. One ball game with clergy. Participation of Medical Society in public vaccinations and preventive measures.

The following officers were elected for the year 1926: President, S. T. Bell; Vice President, F. J. O'Donnell; Secretary-Treasurer, C. M. Williams; Delegate, F. J. O'Donnell.

The minimum program of activities was adopted and a committee consisting of the President, Secretary, with Doctors Foley, Newton and Cameron was appointed to arrange to carry it into execution. Dr. John Purdy gave the paper of the meeting on, "Medical Dollars and Sense." Nearly all present participated in a lively discussion of this interesting subject.

You will note by the enclosed report of the Annual Meeting, our adoption of the minimum program. This is a great stride for all societies to aim towards.

I note in the recent report of the Joint Committee, no credit is given Alpena for public addressed meetings this past year. The following public addresses were given under supervision of our Medical Society:

Alpena—Cameron Day. Dr. B. Kennedy speaker	15,000
Alpena—Post-Graduate Medical Conference. Dr. Hugh Cabot speaker	600
Alpena—Parent Teachers' Association. Dr. F. J. O'Donnell speaker	50
Alpena—High School. Dr. F. J. O'Donnell speaker	400
Alpena—Lincoln School. Dr. C. M. Williams speaker	200
Alpena—Churchill School. Dr. C. M. Williams speaker	150
Hillman—Parent Teachers Association. Dr. C. M. Williams speaker	150
Mellusburgh—Parent Teachers Association. Dr. C. M. Williams speaker	150
With best wishes for a Happy New Year, I am	
C. M. Williams, Secretary.	

CALHOUN COUNTY

The 49th Annual meeting of the Calhoun County Medical Society was called to order in the Bridge Room of the Post Tavern, Battle Creek, by the president at 4:15 P. M., December 1st, 1925. The minutes of the previous meeting, upon motion by Dr. Hafford and seconded by Dr. Kolvoord, were approved as printed in the Bulletin.

The resignation of Dr. A. J. Abbott was read by the Secretary. Moved by Dr. Gorsline, a committee was appointed to see Dr. Abbott and ask him to reconsider his resignation and give a report at the next regular meeting. Seconded and carried. Dr. Hafford and Dr. Herzer appointed by the chair to serve as a committee.

A letter was read by the president from our councillor, Dr. R. C. Stone, urging all members to set aside December 10th for the Post Graduate Conference to be held in Battle Creek. The above date was changed to the 16th, following word from Dr. Stone and the Executive Secretary in Grand Rapids.

Bills were presented as follows:

Printing and mailing special cards (Dr. Brainard)	\$ 7.31
Printing Bulletin	7.75
Mailing and Postage for Bulletin	1.30
Total	\$16.36

Applications for membership of Dr. Ryan and Dr. Oaks, after approval by the Board of Censors, were ready for action. Moved the Rules be suspended and the Secretary cast vote for these candidates for membership. Twenty-seven votes were cast and Dr. Ryan and Oaks declared elected.

The Secretary-Treasurers' report was printed in the Bulletin. Moved by the President the report be accepted. Carried.

Dr. Gorsline reported for the Board of Directors, stating all bills had been approved and paid. All applicants had been examined and found worthy for admission into the Society.

Dr. Gorsline reported as Delegate to the State Society. The general meeting of the whole Society instead of the usual sectional meetings, worked out very satisfactory and will probably be followed in the future.

The District Conventions, which are being held in all parts of the state, are proving very successful and also fostering a good fellowship amongst the members of the various Calhoun Societies. The Board of Councillors are putting a lot of real earnest work into the State Medical Society. The

raising of the dues met with very little, if any, opposition. It is conceded that Michigan has the most live state organization in America.

The following officers were elected: Dr. Rosenfeld and Heald were appointed as tellers. Dr. Gorsline moved the Vice President be chosen for President for the coming year, suggesting it be a unanimous choice. Supported by Dr. Godfrey. Moved and supported the rules be suspended and the tellers instructed to cast a unanimous vote for Dr. J. A. Elliott. Thirty-one ballots cast and Dr. Elliott was declared elected as President.

Dr. Martin was nominated for Vice President by Dr. Knapp and supported by Dr. Gallagher. Nominations closed. Moved and supported the rules be suspended and the Secretary instructed to cast the vote of the Society for Dr. Martin for Vice President. Thirty-one ballots cast and Dr. Martin was declared elected.

Dr. L. E. Verity was nominated by Dr. Winslow to succeed himself as Secretary-Treasurer. Moved and supported the rules be suspended and the chair cast the ballot in favor of Dr. Verity. Thirty-one votes were cast and Dr. Verity declared elected.

Dr. Gorsline and Dr. Hafford were re-elected as delegates to the Michigan State Society. Dr. Kingsley and Dr. Godfrey elected as alternate delegates. It was moved and supported in each case the minutes be suspended and a unanimous vote of the Society be cast in their favor by the Secretary. Thirty-two votes cast.

In the absence of Dr. Haughey, the Chairman of the committee investigating the fees, etc., in the cases of the poor, Dr. Kingsley made the report that considerable progress has been made and suggested that the committee be continued and give a later report.

Dr. A. F. Kingsley, our retiring President, gave a short address. The year's success was due to the faithful service of the officers and committees. Ten regular meetings were held. The following recommendation was made: The By-Laws have been allowed to stand from year to year so that no new copies, with added amendments, etc., are available. The President recommends a committee be appointed by the new administration to go into the above matter and bring the By-Laws up to date. Membership remains unchanged.

Dr. Elliott took the President's chair, vacated by Dr. Kingsley.

Meeting adjourned at 5:30 p. m. Attendance, 32.
L. E. Verity, Secretary.

The 1926 dues are now payable. Please make it as easy as possible for the Secretary-Treasurer by paying up your dues without delay.

The 24th Post-Graduate Conference of the Michigan State Medical Society was held in Battle Creek, Wednesday, December 16th. The attendance was excellent, showing that the members are appreciative of the effort on the part of the councillors and the State Society to bring before the profession the latest methods available in the diagnosis and treatment of disease. The program was practical and those who did not attend will never know until they attend the next one, just how much they missed. Attendance at dinner, 80. Attendance at the meeting, 110.

Following the Annual banquet, the Calhoun County Medical Society was honored by an exceptionally brilliant address by Mr. Burnett Hamilton. The following is his tribute to the Medical Profession.

"Your profession yields to none in excellence. Enlisted for life, dedicated to human welfare,

working in all weather and all hours, paid and unpaid, thanked and unthanked, praised, blamed; giving, giving, giving life for life; smiling through heartbreak, fighting on and on; clinging to ideals—living them; growing in mind and spirit, even in age; standing on the firing line; living for humanity; dying for humanity; if any of God's children ever were entitled to rest in the shade of palms amid music, these heroic defenders of the lives and happiness of mankind surely are."

TRI-COUNTY

I have just learned that you have not received a report of our annual meeting with election of officers. The meeting was held at Mercy Hospital, Cadillac, Michigan, December 15, 1925, at which time the following officers were elected:

Dr. Smith, of Cadillac, President; Dr. Neihardt, of South Boardman, Vice President; Dr. Kimball, of Manton, Second Vice President; Dr. Moore, of Cadillac, Secretary-Treasurer.

It was moved and supported that the president appoint members of the various committees. Dr. Moore, of Cadillac, was elected delegate to the State Convention, and Dr. Smith, of Cadillac, Alternate. It was also moved and supported that the next meeting be held at Mercy Hospital with a 6 o'clock dinner on December 15th.

Inclosed you will find a complete report of this meeting.

Members present: Doctors Smith, Gruber, Ricker, Carrow, G. D. Miller and Moore, of Cadillac; Doctors Kimball and Lommon, of Manton, and Dr. Niehardt, of South Boardman.

Members absent: Dr. Babcock, Kalkaska; Dr. Brooks, Tustin; Dr. Fairbanks, Luther; Dr. J. Doudna, Lake City; Dr. Bronson, Kingsley; Dr. McManus, Mesick; Dr. Mills, Boon; Dr. Purdy, Buckley.

After an excellent dinner, served by the Sisters of Mercy Hospital, a short business session was held in the dining room. The principal item of business was the adoption of the Minimum Program as recommended by the State Medical Society, and the Secretary was authorized to order physical examination blanks and all other necessary supplies to carry out said program. Can you furnish these blanks?

Adjourned to reception room adjoining the X-ray Department for open meeting with the sisters.

Comparative hospital report for October and November, 1924 and 1925:

October, 1924.	
Patients admitted.....	39
Patients discharged.....	37
Deaths	2
Laboratory and X-ray Department.....	27
October, 1925.	
Patients admitted.....	67
Patients discharged.....	37
Deaths	6
Laboratory and X-ray Department.....	79
November, 1924	
Patients admitted.....	48
Patients discharged.....	41
Deaths	4
Laboratory and X-ray Department.....	28
November, 1925	
Patients admitted.....	55
Patients discharged.....	41
Deaths	3
Laboratory and X-ray Department.....	75

There was also a discussion of the causes of the deaths listed, and the program was then taken up as announced.

PRESENTATION OF CASES

Dr. Miller presented a male child six years of age with what was diagnosed as a large venous aneurysm on the left side of the neck. Child retired healthy and feeling well three weeks ago. The next morning the large mass on the left side was visible—no pain, no temperature, no ill feeling or loss of appetite. Child apparently well and healthy. Mass perhaps a trifle smaller than when first seen.

Case No. 2—Dr. Gruber reported on a case of goitre operated by Dr. Brooks, of Detroit, ten years ago, in which all of goitre was removed. Lady improved for a few years, but the last three or four years, became anemic, rapid pulse, nervous, gland increased in size nearly double. Reported back to Dr. Brooks, reoperated and reported as low grade carcinoma.

Case No. 3—Dr. Gruber exhibited a male child four years of age, who entered hospital second week of present illness. Child continued to cry and was very restless with severe bronchial cough, distended abdomen, lips and tongue very dry, constipated. Continued to sit up in bed with knees flexed, a varied temperature from 100 to 104, pulse from 120 to 160, respiration from 30 to 50. The twelfth day after entering hospital, doctor gave the child a stick of gum after which the child became quiet, has remained quiet and has been chewing gum ever since. Child on the road to recovery, entered hospital on December 4th.

LABORATORY REPORT

Blood culture and feces both positive typhoid. History of another child in the same family sick five weeks in August and September of present year, which in all probability was typhoid.

Case No. 4—Dr. Smith gave a case history from a chart of a male child in the hospital, five years old, and of a rather different picture of typhoid.

Dr. Neihardt gave a short synopsis of a few rare cases. In his experience of treating four hundred cases of typhoid, only one case of a pregnant woman. Dr. Gruber gave a short history of a girl thirteen or fourteen years of age, at the end of the third week developed abscesses on arm and shoulder and hips, then abscesses over entire body, all of which healed very rapidly upon being opened and evacuated. Patient had a low temperature and a rapid pulse all through illness.

Dr. Gruber gave history of having had three typhoid pregnancies; also another case of typhoid with abscess middle of ear, fourth week.

Case No. 5—Dr. Ricker gave a short history of a more typical case of typhoid.

HOT SHOTS IN DISCUSSION OF TYPHOID

What is the cause of death? What is the cause of perforation? What is typhoid?

Dr. Gruber used light diet for sixteen years in private practice, changed to general diet while in late war service—never to go back to light diet. Feed anything liberal from start to finish, if case started on general diet. Theory: Keep patient well nourished. Cause of perforation and death, low vitality and emaciation.

Dr. Smith to Dr. Gruber: "Would you give green corn to your typhoids?"

Dr. Gruber to Dr. Smith: "Yes, if I started them on it."

Dr. Smith to Dr. Gruber: "Don't you ever give it to me."

Dr. Ricker exhibited some X-ray plates on stomach and bowel cases with discussion on same and diverticulum.

Secretary, Dr. Moore, requested the doctors to send in their preferences for papers, lectures, or talks for future plan of carrying out the Minimum Program as adopted by the Society.

Moved and carried that the next regular meeting be held at Mercy Hospital with a 6 o'clock dinner on the last Tuesday in January. Program to be announced later.

Meeting adjourned.

Sincerely yours,
S. C. Moore, Secretary.

ST. CLAIR COUNTY

The Annual Meeting of this Society was held on December 17, 1925, at the Hotel Harrington. Eighteen members of the Society were in attendance.

Following the usual dinner and social hour the meeting was called to order by President T. H. Cooper.

Miss Bauch, of the Michigan Anti-Tuberculosis Society, addressed the members relative to having a clinic held in Port Huron some time during January. Tentative arrangements were made to hold same and the Society pledged their co-operation.

The Society accepted the invitation of the Seventh District Dental Society to meet with them on January 4 to hear an address by Mr. G. H. Harter, President of the Defensive Diet League of America.

Dr. Jacob H. Burley and Dr. Annie E. Reynolds, both of Port Huron, were then elected to membership in the Society.

Dr. C. C. Clancy, Past President of the State Medical Society, made a short address relative to better attendance at the Society meetings during the coming year, emphasizing the fact that while out of town speakers brought out better attendance, that there were many able members of the Society who could present papers of benefit to their fellow members and suggested that during the coming year some papers be prepared and read by local members.

Officers for the ensuing year were then elected as follows: President, Dr. J. J. Moffett; Vice President, Dr. W. W. Ryerson; Secretary-Treasurer, Dr. G. M. Kesl; Delegate to State Society, Dr. C. C. Clancy; Alternate Delegate to State Society, Dr. A. L. Callery; Member of Board of Trustees of this Society, Dr. R. K. Wheeler, for three years.

Following the election of officers the Society went into executive session for one hour to discuss a committee report upon an important subject.

The Society adjourned at 11 p. m.

George M. Kesl, Secretary.

HOUGHTON COUNTY

The Houghton County Medical Society held its regular monthly meeting at the Miscouabik Club, Tuesday, December 1, at 8:30 p. m., with 12 members present. After the reading of the minutes and allowing of bills, Dr. Alfred LaBine presented a paper on "Cystoscopic and Kidney Work." Dr. Becker presented some interesting cases, and several other interesting cases were presented. A very free discussion was indulged in by those present, and the Society then adjourned to lunch.

On November third the St. Joseph Hospital Staff entertained the members of the Houghton County Medical Society at a dinner at the Douglas House. This social event took the place of our regular monthly medical meeting. A number of fine speeches were made by Doctors Manthei, Becker and LaBine. A very enjoyable evening was spent and everyone voted the Staff a cordial vote of thanks for the wonderful dinner.

We very much regret to report at this time the death of one of our members, Dr. C. E. Rowe.

of Hubbell, Mich., active in the Medical Society work and he will be greatly missed.

We are very fortunate in having secured Dr. Kahn, of the State Board of Health to talk to us at our January meeting.

Dr. A. F. Fischer was elected to the position of dean of St. Joseph Hospital for the ensuing year; Dr. A. D. Aldrich vice-dean, and Dr. M. D. Roberts secretary and treasurer.

Regarding the minimum program, this matter will be taken up at our next regular meeting.

I have been away for the past six weeks and this accounts for the fact that I did not report our activities.

Yours very truly,

G. C. Stewart, Secretary.

IONIA-MONTCALM COUNTY

The annual meeting of the Ionia Montcalm Medical Society was held Thursday evening, December 10th, 1925, at the Hotel Belding, Belding, Mich.

An excellent dinner was served to 18 members which was enjoyed by all. After the dinner, the following program was presented:

"Etiology and Treatment of Pyelitis," was the subject presented by Dr. Wm. J. Butler, Grand Rapids, Mich.

Dr. Butler presented his subject in a most interesting manner, giving the essential points in the diagnosis and treatment. This talk was well received by all present.

The second talk of the evening was given by Dr. Thos. A. Gordon, of Grand Rapids, Mich., "Infant Feeding," being the subject.

Dr. Gordon presented this subject in his usual masterly manner. It was splendid, practical and concise. The members entered into a free discussion of the subject and asked many questions of the speaker.

A rising vote of thanks was extended both Dr. Butler and Dr. Gordon, for the instructive program rendered.

Following the presentation of the program the business meeting was called to order by President Jos. F. Pinkham. The result of the election of officers for 1926 was as follows:

President, Dr. E. R. Swift, Lakeview, Mich.; Vice President, Dr. Raymond R. Whitten, Ionia, Mich.; Secretary-Treasurer, Dr. Herbert H. Maynard, Ionia, Mich.; Delegate State Society, Dr. F. A. Johnson, Greenville, Mich.; Alternate, Dr. I. S. Lillie, Lakeview, Mich.

A motion was made by Dr. Kitson to adopt the minimum program. The motion was seconded by Dr. W. H. Lester. The motion carried.

A motion was made and carried to continue the monthly meetings through the winter months.

F. A. Johnson, Secretary.

SHIAWASSEE CO.

The annual election of officers of the Shiawassee County Medical Society was held at Memorial Hospital in Owosso, Tuesday evening, December 1, at a point meeting with the staff of the hospital.

At 6 o'clock dinner was served by the hospital management. Officers were elected as follows:

President—Dr. C. McCormick, Owosso.
Vice President—Dr. C. A. Crane, Corunna.
Secretary-Treasurer—Dr. W. E. Ward, Owosso.
Delegate—Dr. J. J. Haviland, Owosso.
Alternate—Dr. W. E. Ward, Owosso.
Medico-Legal Representative—Dr. A. M. Hume, Owosso.

Board of Directors—Dr. W. T. Parker, Owosso; Dr. L. M. Cudworth, Perry, and Dr. G. T. Soule, Henderson. W. E. Ward, Secretary-Treasurer.

Among the Books

A Review and Frank Appraisal of Medical Books That are Proffered to the Profession by Publishers.

A TEXT BOOK OF PSYCHOLOGY FOR NURSES—By Maude B. Muse, R. N., A. M., Instructor in Nursing Education at Teachers College, Columbia University, New York City. 12 mo. of 351 pp., illustrated. Cloth, \$2.50 net. W. B. Saunders Company, Phila.

In a simple, yet connected way, the author has presented the subject in a manner that will enable the nurse to apply the principles of psychology in her daily work. It is an excellent manual for training schools.

MESSAGE AND THERAPEUTIC EXERCISE—By Mary McMillan, Supervisor of Aids in Physiotherapy, Medical Corps, U. S. A., 1919-2. Second edition, reset. 12 mo. of 331 pp., 17 illustrations. Cloth, \$2.50 net. W. B. Saunders Company, Philadelphia.

Received and commended to beginners.

A TEXTBOOK OF PHYSIOLOGY—By Wm. D. Zoethout, Ph.D. Second edition. Price \$4.50. C. V. Mosby Co., St. Louis, Mo.

An excellent text for students in normal and physical education schools. It imparts facts that should be known by all educators. It should admirably serve as a splendid work to recommend to laymen.

THE THERAPY OF PUERPERAL FEVER—By Robert Koehler, M. D. American edition of Hugo Ehrenfest, M. D., Washington University. Twenty-seven illustrations. Price \$4.00. C. V. Mosby Co., St. Louis, Mo.

An extremely rational discussion of the subject and a practical summarization of therapeutic measures, based on etiology and pathology. Well illustrated.

THE MEDICAL CLINICS OF NORTH AMERICA—(Issued serially, one number every other month. Volume IX, No. III., New York number, November, 1925. Octavo of 312 pp., 72 illustrations. Per clinic year, (July 1925 to May, 1926). Paper, \$12; cloth, \$16 net. W. B. Saunders Company, Philadelphia, Pa.

CHEMICAL PATHOLOGY—Being a discussion of General Pathology from the standpoint of the chemical processes involved. By H. Gideon Wells, Ph.D., M.D., Professor of Pathology in the University of Chicago, and in Rush Medical College, Chicago. Fifth edition, revised and reset. Octavo of 790 pages. Cloth, \$8.50 net. W. B. Saunders Company, Philadelphia, Pa.

A very acceptable text imparting a resume of present problems of biology and medicine. It may well be appraised as an authoritative reference text and guide.

THORACIC SURGERY—The Surgical Treatment of Thoracic Disease. By Howard Lilienthal, M. D., Professor of Clinical Surgery at Cornell University Medical School. Two Octavo volumes, 1294 pp., 90 illustrations, 10 in colors. Cloth \$20. W. B. Saunders, Phila.

Remarkable progress has been made in thoracic surgery. Certain procedures have become well established. The author's extended experiences warrant for his opinions authoritative recognition. They are imparted in this excellent addition to our reference literature.

APPLIED BIOCHEMISTRY—By Withrow Morse, Ph. D., Professor of Physiological Chemistry and Toxicology, Jefferson Medical College, Philadelphia. Octavo of 958 pages, 257 illustrations. Cloth, \$7 net. W. B. Saunders, Philadelphia, Pa.

Biochemistry applied to medicine fully expresses the scope of this text. It is so recommended to our readers who will find a clear discussion of each subject.

INTRAVENOUS THERAPY—Walton F. Dutton, M. D., 2nd revised edition. F. A. Davis Co., Philadelphia.

A fairly complete discussion of the subject with well directed criticism of the claims of over-enthusiastic intravenous therapists. It enables one to better determine the value of intravenous medication and the technic that is most efficacious.